	TO THE HOSPITAL OR LITERATIONS PHYSICIAN: The law requires that the death certificate be executed with arra after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely willed in by the funeral director, page 5 should be detache		IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	d by	ed bi		D St
	retaine	shou		otifie
	y be	page (		De 1
	8 ma	ctor.		Tane.
	Page	al dire		ner
	death.	funer		E ex
	after	by the	STONAL STONAL	other traumatic event, the medical exami
	SUL	led in	. or n	Hed
		tely #8	папоп	t, the
	DIM PH	ыдшо	i, crei	even
	poecut	and c	Duna	natic
	e pe e	sician	NOC IX	Tall I
	rtificat	d phy	iene p	ther
	ich cei	ulpuet	120	0 0
	he dea	the at	Ment	njury,
	that ti	Ad pa	ששפ ע	any I
	quires	sign.	Hear	DWS :
	aw rec	s beer	9X. Of	3 sh
	The	ate ha	tate O	те з
	ICIAN	entific	the S	1 or
	PHYS	this c	WID!	rked,
	DING	After	death	E
1	And	CTOR	s after	28
	8	DIR	houn	Hell
	SPITA	NERAL	hin 72	N CH
_	무모	E FU	ed wit	DRITA
	10	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of removal.	IMP

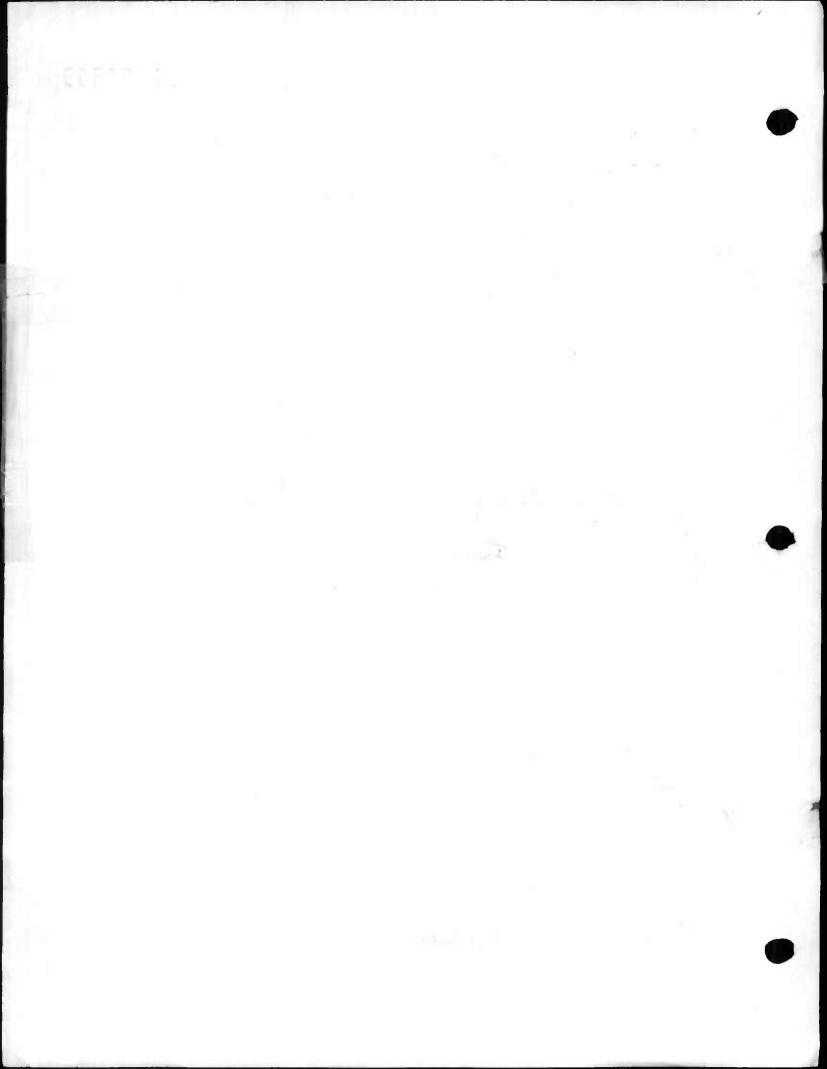
STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	ERTIFICATE	OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	TE OF MARYLAND	DEPART			MENTA	L HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)  Edith E. Reed	Martin				2. DATE MONT Ser	of DEATH	5, 19		4:35 P	
	12 M F 76	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	OF BIRTH h, Day, Year) 18, 1		Penns	sylvania	
9a. FACILITY NAME (If not institution, give street and 20233 Kirkwood Si				e Hall	DEATH			timo		
10a. STATE 10b. COUNTY Maryland Baltime	ore		town on Local						10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 20233 Kirkwood Si	nop Rd.	101. ZIP COOE 21161						S.A.	OF WHAT COUNTRY? A.	
1 News Married 2 N Married FO	B DECEDENT EVER IN U.S. RCES? 1 1 YES 2 ES, GIVE WAR OR DATES	2 NO If yes, specify Cuban, Mexico					or No—	14. RACE - Black, Specify	E - American Indian, k, White, etc.	
(Specify only highest grade complete Elementary/Secondary (0-12) Coffee	d) • (1-4 or 6+)	DECEDENT'S US (Give kind of wo life. Do NOT use Inspec	rk done during m retired.)	ON set of working		Plast			t.	
17. FATHER'S NAME (First, Middle, Lest) Herman Stoner		Inspec		16. MOTHER'S N		Middle, Meiden		2 2011		
19a INFORMANT'S NAME (Type/Print)  Courtney K. Mart.	in			and Number or Rura 700d Sh					MD 21161	
20a. METHOD OF_DISPOSITION 1	n State 20b. PL	ce of discosing place) You	rktown	motory cometory or e Cask Service	ets			City or Tow PA 1	7 4 0 5	
21. SIGNATURE OF FUNERAL SERVICE SICENSEE	Marla	00	J.J.	Harten Second	stei	n Mor New	tuar	cy, :	Inc. Pa 17349	
23. PART I. Enter the diseases, or compile shock, or heart fellure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)	y one cause on each	line.				,	iratory sn	reat,	Approximate interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF)		z° A.					6 mo	
PART II. Other significant conditions control	lbuting to death but n	ot resulting in	the underlyi	ng cause given i	n Part I.	24s. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26. I	LACE OF DEATH (C	Check only o	ne)				
27. MANNER OF DEATH 2:	patient 2 ER/Outpatier  Ia. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		er (Specify) SCRIBE HOW	INJURY OC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	building, etc. (Specify)	kt home, farm, st				CATION (Street or Town, State		r or Rural Ro	oute Number,	
29a. CENTIFIER (Check only one) 2 MEDICAL EXAMINER: On the									and manner as stated.	
296. SIGNATUBE AND TITLE OF CERTIFIER	Forter	. ) 40		29c. LICENSE N	UMBER	_	29d. DA1	E SIGNED	Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	(ITEM 27) (Type, I	Print) Man	INDAT	10	A	1/0	RII	14 17403	
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATULE	RE		cor copin	7-0	- / -	700	7	, . + 0_	

Meropore Com CANCER The state of the s

85	
0	
-	
9	
P-	
68760	
œ	
(0)	
_	
BOX	
25	
0	
0	
-	
000	
0	
$\mathbf{O}$	
P.0	
Della:	
-	
CO	
-	
DC.	
-	
$\sim$	
$\mathbf{\circ}$	
13	
$\sim$	
B t I	
RECORDS	
-	
VITAL	
-	
Q.	
9900	
-	
-	
OF	
-	
_	
-	
6	
-	
_	
IVISION	
(J)	
_	
-	
-	
-	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEI		20203
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	MEMMER	MATTO				MONTH 9	24 9	1 11 70 PM
1 8	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	237-80-1532	1 M 2 F 4	2 YRS.			Aug. 8,		orth Carolina
(c)	9e. FACILITY NAME (If not institution, give st			-	R LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	PESIDENCE OF DECEDENT	nd:		Balt	m)		RXXXX	(XXXX
E .	10a. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
		ichester		Cambride	ae			1 X YES 2 NO
3AL	10a. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	701 Hughlett St.				21613			SA
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yee, spe	ecify Cuben, Mexico	NIC ORIGIN? (Specify Yorn, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 ₩ Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗆 YES	2 X NO Specif	y:		Specify: Black
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDENT'S U	JSUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUST	
1 =	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	,	st or working			
COMPLETED	12		Nurse	's Aide		Hea	elth Ca	re
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melde		
BE	Robert Smith		105 11411 1110	1000000 (0)		arah Marti Route Number, City or To		
2	Patricia Mateo					nbridge. N		
	20e. METHOD OF DISPOSITION	206.5	PLACE AND DATE O	F OISPOSITION (NA	ment		D 216	
	1 Duriel 2 Cremation 3X Reme	oval from State ceme	tery, crematory or oth	Cemeteri	1	9/28 Eli		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER		22. NAME AN	D ADDRESS OF FA	CILITY		
	y ( George (	thekan		ANNO H	C. ALI	ENBURG FUN Rd., Balt	EKAL HO	OME, INC. MD 21214
	23 FART I. Enter the diseases, or o	omplications that gaused	tha death. Do ni	ot antar tha mo	da of dying, auc	h ss cardiac or rea	olratory srraat	, Approximate
	IMMEDIATE CAUSE (Finel	List only one cause on ee	ch line.					Interval Between Onset end Death
	diseese or condition resulting in death)	DUE TO (OR AS A C	VENTRIC	ular 1.	temort	w.		
		DUE TO (OR AS A	CONSEQUENCE OF	):				
NO N	Sequentially list conditiona,	DUE TO (OR AS A C	THE CONSEQUENCE OF	uyun				
TA.	If any, leading to immediate cause. Enter UNDERLYING		OUNDEDUCINOE OF	•				
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A (	CONSEQUENCE OF	):				
CERTIFICATION	reaulting in death) LAST	d						
	PART II. Other significant condition	s contributing to death bu	t not maulting in	the underlying	cause alven in	Part I. 24e, WAS A	ALITOREY	24b. WERE AUTOPSY FINDINGS
CAL					g ouddo given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC						1 TYES	2 (NO)	OF DEATH?
2								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
SIC	1 YES 2 HO	HOSPITAL: 1 Inputient 2 ER/Output		OTHER: 4 Nursing Home	e 5 🗆 Residence	8 Other (Specify)		
E	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE NOW	INJURY OCCUR	ED
BY	Natural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, at	reat, factory, office		28t. LOCATION (Street City or Town, State		Rural Floute Number,
<u> </u>	29e. CERTIFIER		<u> </u>					
COMPLETED	(Check only	CIAN: To the best of my knowle						
8		R: On the beele of examination	end/or investigation	, in my opinion, d	eath occured at the	time, date end place, e		
H	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TN (ITEM 27) (5m-	Print)			4-	2541
	I trom NARAOZA		So Green		AT MA			
	31. DATE EILED (Month Day Mar)	A MEDISTRAR'S SIGNAL DAVIDON-N		V. 31 [7	-(1 1/4)			
	25 9 0 1331	This handson-No	- Indoo					



	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
	5 1, 2,		
	t. Page		
	t permi		
cian.	I-transi		
g phys	e buria		
ittendin	e as th		
ital or a	o for us		
e hosp	letache		
ed by th	od ble		
retaine	5 shou		***
may be	or, page		
Page 6	directo		
death.	funera		•
s after	by the	removal	
ine	filled in	OU, Or	
HYSICIAN: The law requires that the death certificate be executed within about after death. Page 6 may be retained by the hospital or attending physician.	pletely	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ecuted	nd con	burial,	
e pe es	sician a	orior to	
ertificat	ing phy	giene p	
death o	aftend	ental H	
hat the	d by the	and M	
quires t	signer	Health	
law re	as beel	Dept. of	
IN: The	ficate h	State	
HYSICIA	iis certi	with the	
DING P	After th	death v	
ATTENI	ECTOR:	s after	
TAL OR ATTENDING PH	AL DIR	72 hour	
HOSPIT	FUNER	within ?	
TO THE	TO THE	be filed within 72 hours after death	

Aurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. OECEDENT'S NAME (First, Middle, Last)					LA DATE OF DEATH		A THE OF OPER			
		M	NI:	ckol		2. DATE OF DEATH	AY Y	3. TIME OF OEATH			
	Joanne 4. SOCIAL SECURITY NUMBER	5. SEX 6. AG				7 67	7	/ /2:25 A H			
		1 M 2 X F	E (In yrs. lest birthday)  VRS.	MONTHS DAYS	HOURIL MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	216-56-7905  9a. FACILITY NAME (If not institution, give st		42 YRS.		3-31-49			MU			
~				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH							
2	Stella Maris	HOSPIC	26	TOWSON Baltil							
EC	10a. STATE 10b. COUNTY		19c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY			
DIRECTOR	MARYLAND MC	NTGOMERY	-					LIMITS?			
	10e. STREET AND NUMBER			Т	IOF. ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?			
H.	5912 ANNISTON ROA	U.	S. A.								
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER	R IN U.S. ARMEO	13, WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		I. RACE — American Indian.			
II.	14 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes,		an, Puarto Rican, etc.)		Black, White, atc.  Specify:			
	3 Widowed 4 Olvorced					.,,		WHITE			
COMPLETED	15. DECEDENT'S EOU( (Specify only highest grade	CATION	16a, DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INOUS	STRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)	nost or working						
Z d	NA	NA	RESEA	RCH SC	ENTIST	N.	I. H.				
ON	17. FATHER'S NAME (First, Middle, Last)	<b>C</b> D				AME (First, Middle, Maider					
5 111	ANDREW G. NICKOL	SR.			MARION	FRANCES DE	BES				
TO BE	19a. INFORMANT'S NAME (Type/Print)	(TIA MILITIN)				Route Number, City or To					
	ANDREW NICKOL SR.	(FATHER)	3408 F	TCHMONI	AVE., B	ALTIMORE,	MD. 21	213			
20 19	20a, METHOD OF DISPOSITION  1) Burial 2 Cremation 3 Remo	oval from State	20b. PLACE OF OISPO other place)					ly or Town, Stata			
	4 Donation 5 Other (Specify)	240000000000000000000000000000000000000	ST. JOSEP				LLERTO	N, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		SCHI	AND ADDRESS OF F	ACILITY NERAL HOME	c TNC				
examine	Muss &	Teris				LANE, BALT					
	23. PART I. Enter the diseases, or o	mplications that caus	sed the deeth. Do								
ON CASHIL, UIE	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. ASTROCYTOMA  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,										
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR A	S A CONSEQUENCE O	F);							
TIF	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):							
CER		d									
	PART II. Other algnificent condition	a contributing to deeth	but not resulting	In the underly	ing cause given i		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL						1 _ YES		COMPLETION OF CAUSE OF DEATH?			
MEC								1 TYES 2 NO			
	and the second										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (C	check only one)					
S	1 NES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	Autpatient 3 DOA	OTHER:	ome 5 🗆 Residence	6 C Other (Specify)					
£	27. MANNER OF OEATH	28a. DATE OF INJUF (Month, Day, Yea		ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED			
BY PH	1 Natural 5 Pending 2 Accident Investigation	(moral, bay, roa	7		YES 2 NO						
	3 Suicide 5 Could not be	25e. PLACE OF INJU- building, etc. (S	JRY — At home, farm,	atreet, factory, o	ffice	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
TED	4 Homicide determined	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,			Only or lown, class	*/				
	29e, CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death occur	red at the time, d	ate and place, and di	e to the cause(a) and m	enner as stated	1.			
BE COMPLETED	one)							cause(a) and menner as stated.			
C	29b. SIGNATURE AND TITLE OF CERTIFIE	2 0			29c, LICENSE N	UMBER	29d, DATE S	SIGNED (Month, Dee Year)			
	Carlas		ided	0	D270		19	129/01			
<b>₽</b>	30. NAME AND ADDRESS OF PERSON WH				0,000			12111			
Mac											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE					<del> </del>			
V		4									
		Julia Davidson	_								

THOUGHT IN SURVEYOR IN

A the Maria Hallace of the contractor

OHMH-16 Rev 1/89

_
O
9
~
87
9
~
BOX
0
$\mathbf{m}$
P.0.
0
ш,
16
97
œ
0
RECORDS
9
ш
Œ
TAL
4
_
>
LI.
~
N OF VII
7
~
VISION
CO
-
>
_

	4	st, Middle, Last	)							2. DATE OF				3. TIME OF	DEATH
OR	HAZEL		C.	STUCE	KLEN					SEPT	27	, 19	91	2:00	) A
	4. SOCIAL SECURITY NUM 199-32-536		5. SEX	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER		7. DATE OF	BIRTH		8. BIRT	HPLACE (State	
	9a. FACILITY NAME (# or			0)	YHS.	9b CITY	TOWN O	OR LOCATIO			,190		NTY OF		
	17300 0	JAKER		14				SPRI						OMERY	
DIRECTOR	RESIDENCE OF DE	10b. COUN	тү		10c. CIT	ry, town o	OR LOCATI	ION						10d. INSIDE	CITY
	MD.	1101120012101				ANDY	SPRI	NG						LEMITS?	
BY FUNERAL		17300 QUAKER LANE D-14				101. ZIP COOE 20860						10g. CIT	USA	WHAT COUNTE	IY?
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 Y IF YES, GIVE WAR OF			YES 2	□ NO	1	If yes, spe	ENDENT OF	n, Maxican	IC ORIGIN? (S I, Puerto Rici	Specify Yes in, etc.)	or No-	Blac	E — American ck, White, atc.	
TEO	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a	Give kind of	USUAL OG	CCUPATIO	N at of working	9	16b, KI	ND OF BUS	INESS/INE	DUSTRY		
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) 4					f of work done during most of working T use retired.) EMAKER					HOME				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)							18. MOTH	ER'S NAM	AE (First, Midd					
BE (	WILLIAM		CABOT							UNKN					
5	19 RICHARD AH.	STUCI	KLEN		19b. MAILING	SAME			or Rural R	oute Number,	City or Town	, State, Zir	Code)		
	20a. METHOD OF DISPOSI	20b. PLA	CE AND DATE	OF DISPOS	ITION (Nar	me of		OATE		CATION —	City or T	own, Stata			
	4 Donation 5 Other (Specify)				TROPOL					9/2				A, VA.	
	21. SIGNATURE OF FUNERA	. 17						BER F							
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate														
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	ileart lailUre.	a. Due Toyle	e on aach	iina.	not entar		da of dylr	ng, auch	as cardiad	or respir	ratory an	reat,	Appro Intervi Onaet	ximata il Betw end De
TIFICATION	IMMEDIATE CAUSE (Fi	ttions, ediete //ING	a. DUE TO (C	OR AS A CON	iina.	not enter		da of dylr	ng, auch	as cardiad	or respir	atory an	reat,	Appro Intervi Onaet	ximata il Betw end De
. CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condi- it any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated eventa resulting in death) LAS	tiona, ediete (/ING urry	a. DUE TO (C	OR AS A CON	NSEOUENCE O	not entar	در، ا، ا	da of dyir	ng, auch	aa cardlad	or respir	atory an	reat,	Appro Intervi Onaet	_
ICAL CERTIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condit it any, leading to immecause. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LAS	ttions, ediete ring ury ST	a. DUE TO (C	OR AS A CON	NSEOUENCE O	not entar	در، ا، ا	da of dyir	ng, auch	eacardiac	e. WAS AN A	AUTOPSY MEO?	reat,	Appro Intervi Onaet	ximata ni Betw end De * * * \
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition it any, leading to immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	ttiona, ediete ting ury	a.  DUE TO (C  DUE TO (C  DUE TO (C	OR AS A CON	NSEOUENCE O	not entar	در، ا، ا	da of dyir	ng, auch	eacardiac	e. WAS AN A	AUTOPSY MEO?	reat,	Approintance Intervious Onaet  Onaet  Onaet  Appropriate  Onaet	ximata ni Betw end Di e & & & SY FINDIN HOR TO OF CAUS
MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated evental resulting in death) LAS  PART II. Other signification of the cause of the caus	ttiona, ediete (ING ury ST	a. DUE TO (C	OR AS A CON	NSEOUENCE O	not entar	در، ا، ا	da of dyir	ng, auch	eacardiac	e. WAS AN A	AUTOPSY MEO?	reat,	Approintance of intervious and inter	ximata ni Betweend De end De e & & & SY FINDIN SOR TO OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAS  PART II. Other signification of the cause of the c	ttiona, ediete (ING ury ST	a. DUE TO (C  DUE TO (C  DUE TO (C)  DUE TO (C)  HOSPITAL:	DR AS A CONDR AS A COND	NSEOUENCE O	F): In the union	derlying	cause gl	iven in F	Part I. 24	a. WAS AN / PERFORM	AUTOPSY MEO?	reat,	Approintance Intervious Onaet  Onaet  Onaet  Appropriate  Onaet	ximata ni Betweend De end De e & & & SY FINDIN SOR TO OF CAUSE
SICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in list condition resulting in list condition resulting in death) LAS  PART II. Other signification is conditionally assume that in the condition is conditionally assume that is conditio	ttiona, ediete (ING ury ST	a. DUE TO (C  DUE TO (C  DUE TO (C)  d. DUE TO (C)	DR AS A CONDR AS A CON	NSEQUENCE O	OTHER	derlying  28. PLA	Cause gl	iven in F	Part I. 24  1  Other (S)	e. WAS AN A PERFORI	AUTOPSY MEO?	241	Approintance Intervious Onaet  Onaet  Onaet  Appropriate  Onaet	ximata ni Betw end Di e & & & SY FINDIN HOR TO OF CAUS
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated eventa resulting in death) LAS  PART II. Other signification of the cause of the ca	ttiona, ediete (ING ury ST	a. DUE TO (C  DUE TO (C)	DR AS A CONDRAS	NSEOUENCE O	OTHER 4   Nursele OF   Nursele	derlying  28. PLA  t: ting Home 28c. NNJ WOR  1  YE	Cause gi	ATH (Checkledence 8	Part I. 24  1  Other (S) 28d. OESCRI	e. WAS AN A PERFORM  VES 2	AUTOPSY MEO? MO	24t	Approintarvi Onaet  D. WERE AUTOPS AMALABLE PR COMPLETION OF OCATH?  1 YES 2	ximata ni Betweend Do end Do end Do end Do end Do end Do end Do end Do
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injutest initiated events resulting in death) LAS  PART II. Other signification of the condition of the cause of t	ent condition  TO MEDICAL  Pending	a. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C)	DR AS A CON DR AS	NSEOUENCE O	OTHER 4   Nursele OF   Nursele	derlying  28. PLA  t: ting Home 28c. NNJ WOR  1  YE	Cause gi	ATH (Checkledence 8	Part I. 24  1  Other (S) 28d. OESCRI	e. WAS AN A PERFORM  VES 2	AUTOPSY MEO? MO	24t	Approintance Intervious Onaet  Onaet  Onaet  Appropriate  Onaet	ximata ni Betw end Di e & & & SY FINDIN HOR TO OF CAUS
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injutted Interest in	ttions, ediete ring ury ST Condition of the condition of	B. DUE TO (C)  DUE	DR AS A CON DR AS	NSEOUENCE O	OTHER 4 Nursel N	derlying  28. PLA  1: Hing Home WOR  1  Ye  27, office	ACE OF DE	iven in F  ATH (Check Idenca 8  NO	Part I. 24  1  Other (S) 28d. OESCRI  28f. LOCATIC City or R	a. WAS AN / PERFORM YES 2  Decity) BE HOW IN (Street arwin, State)	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24t	Appro Intervi Onaet  Onaet  Were Autop: AMAILABLE PR COMPLETION OF GEATH?  1 YES 2	は Finding to Manager The Man
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to immer cause. Enter UNDERLY CAUSE (Disease or Injutent initiated eventa resulting in death) LAS  PART II. Other signitic.  25. WAS CASE REFERRED TO EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Notice 8 Homicide  299. CETTIFIER (Check only one) 2 MED  299. SIGNATURE AND TITLE  299. SIGNATURE AND TITLE  299. SIGNATURE AND TITLE	tiona, ediete // included incl	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	DR AS A CONDRAS	NSEOUENCE O  NSEOU	OTHER 4   Nurs E OF JURY M street, factor and at the tire on, in my op	derlying  28, PLA  t: ling Home 28c, tNJU WOR 1  Ye pory, office me, data a	ACE OF DE	ATH (Checkledence 8 NO and due to dat the til	Part I. 24  Other (S) 286. DESCRI	a. WAS AN / PERFORM YES 2  Decity) BE HOW IN (Street arwin, State)	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24th CURED or Rural	Appro Intervi Onaet  Onaet  Were Autop: AMAILABLE PR COMPLETION OF GEATH?  1 YES 2	ximata ali Betw end De  축 상 \  The state of
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injution of the Injution of Inju	tiona, ediete // included incl	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	DR AS A CONDRAS	NSEOUENCE O  NSEOU	OTHER 4   Nurs E OF JURY M street, factor and at the tire on, in my op	derlying  28, PLA  t: ling Home 28c, tNJU WOR 1  Ye pory, office me, data a	ACE OF DE	ATH (Checkledence 8 NO and due to d at the ti	Part I. 24  Other (S) 286. DESCRI	e. WAS AN / PERFORIT  YES 2  Oscily)  BE HOW IN  ON (Street ar wwn, State)	AUTOPSY MEO?  X NO  JURY OCC  and Number  and staff dua to the  29d. DATI	24th CURED or Rural ed. e cause(i	Approintarvi Onaet  Onaet  WERE AUTOP: AMALABLE PR COMPLETION OF OEATH?  1 YES 2	ximata al Betweend D  축 상 \/
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit it any, leading to immer cause. Enter UNDERLY CAUSE (Disease or Injutent initiated eventa resulting in death) LAS  PART II. Other signitic.  25. WAS CASE REFERRED TO EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Notice 8 Homicide  299. CETTIFIER (Check only one) 2 MED  299. SIGNATURE AND TITLE  299. SIGNATURE AND TITLE  299. SIGNATURE AND TITLE	ttions, ediete ring and conditions and conditions.  ent conditions are conditions are conditions.  To MEDICAL  Pending Investigation and conditions are conditions are conditions.  Tiffying Physical Examines.  E of Certifies are conditions are conditions.	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	DR AS A CONDR AS A CONDRA AS	NSEOUENCE O  NSEOU	OTHER 4   Nurse E OF JURY M street, factor on, in my op	derlying  28, PLA  t: ling Home 28c, tNJU WOR 1  Ye pory, office me, data a	ACE OF DE	ATH (Checkledence 8 NO and due to dat the til	Part I. 24  Other (S) 286. DESCRI	e. WAS AN / PERFORIT  YES 2  Oscily)  BE HOW IN  ON (Street ar wwn, State)	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24th CURED or Rural ed. e cause(i	Approintarvi Onaet  Onaet  WERE AUTOP: AMALABLE PR COMPLETION OF OEATH?  1 YES 2	ximata al Betweend D  축 상 \/

rrems	100	),1UC Z-18-9Z	F11mG0	84 W.H.	Per	F/H						9	2	6512
		FOR 1 - STATE REGISTRAR	3	STATE OF MA	RYLAN	D / DEPAR CERTIF				MENTAL	HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, M.	iddie, Last)	***		A					OF DEATH DA		3. 1	IME OF DEATH
		Joseph		Ruvolo						Sep	+ 2,		Î   1	259 Pm
		4. SOCIAL SECURITY NUMBER				rs. lest birthday)	IF UNDER 1 YE	-	F UNDER 24 HRS.	7. DATE (	OF BIRTH (Day, Year)		BIRTHPLA	CE (State or Foreign
-		136-18-8	1011	M 2 D F	69	YRS.					42	2	N.J	
shoul		9a. FACILITY NAME (If not instit	ution, give street	and n . her)			9b. CITY, TO	WN OR	LOCATION OF DE	ATH	•	9c. COUNTY	OF OEATH	1
2, 3	6	Howard County	Gener	al Hospi	tal		Colu	mbi	a, Md.			Howa	rd	
- SS	딥		DEN'T			10c. CIT	Y, TOWN OR L	OCATIO	N	D 1	n 1		10d	. INSIDE CITY
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	Fla.	West I	St. Bear	Luc	cie Pe	rt St.	T-13	cio Por	t St	Beach Luci	0	16	LIMITS? YES 2   NO
E E		10e. STREET AND NUMBER					- 0 200		IP CODE		. 2001	10g. CITIZEN		lie .
nsit p	FUNERAL	28 Silver Oak	Drive	)				3	4952			USA		
ician. al-trar	3	11. MARITAL STATUS	12	. WAS DECEDENT			13. WAS	DECEN	IDENT OF HISPAN	IC ORIGIN	? (Specify Yea			American Indian,
	ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorce		FORCES? 1 3					ty Cuban, Mexican NO Specify		ilcan, etc.)			White
as the				WWII	1					1.00		1		
or attending physician r use as the burial-trau		(Specify only h	ENT'S EDUCAT	npleted)	16	e. DECEDENT'S (Give kind at life. Do NOT u	work done durin	ng most	at working	186.	KIND OF BUS	SINESS/INDUS	TRY	
pital o	2	Elamentary/Secondary (0-12		College (1-4 or 5+)		Plant					Damo	7 0 70~	n 2 ma (7	
retained by the hospital or attending 5 should be detached for use as the tottled at once.	COMPLETED	17. FATHER'S NAME (First, Midd	le, Last)			Lieni	LIKT.	1	16. MOTHER'S NA	ME (First, A		1 & DT	Dilli G	0.
at be d		Alessandro	Ruvolo	)					Carme	la Mo	neia			
should 5 should notified	BE	19a, INFORMANT'S NAME (Type				19b. MAILING	ADDRESS (St	treet and	Number or Rural F			n, State, Zip Co	de)	
	5	Josephine Ru	volo			95 S	ummer	Ave	. Newa	rk. I	Vi. 07	10h		
may be or, page ust be		20a. METHOD OF DISPOSITION		1	20b. Pl				lery, crematory or			CATION — City	or Town,	Stela
rector, p		4 Donation 5 Doyler (S	pecify)	/		ndale	Cemete	ry	10-2-9	91	Bl	oomfie	1d.	N.J.
n. Page ral direc		21. SIGNATURE OF THEMAL I	ERIOCE LICEN	BEE					ADDRESS OF FA		Inemal	Homeo		
after death. Page 6 may be by the funeral director, page smoval.		1/1/1	4			- the	56	95	L.Kaufma Main St	. Eli	cridge	, Mary	land	21227
d in by the or removal		23. PART I. Enter the disc	ages, or con	nplications that	aused th	ne death. Do								Approximate
ed in		shock or hea	-	List only one cause on each line.						interval Between Onset and Death				
in 24 ely fille nation, the		disesse or condition resulting in deeth)		Acute Myocardial Infarction									min	
or within or within cremat		DUE TO (OR AS A CONSEQUENCE OF):												
eath certificate be executed within 24 nours attending physician and completely filled in rtal Hyglene prior to burial, cremation, or re y, or other traumatic event, the med	Z	Sequentially list condition	b.											
e be execute storan and o prior to buria traumatic	Ĕ	if eny, leading to immedicause. Enter UNDERLYIN	te	DUE TO (O	R AS A CO	ONSEQUENCE O	F):							
cate ohysic er tr	2	CAUSE (Disease or injury		DUE TO (C	R AS A C	ONSEQUENCE O	E)·							
certificate ding physic tyglene pri	Ē	that initiated events resulting in deeth) LAST					- ,-							
death c e attendi lental Hy ury, or	CERTIFICATION		d											
quires that the den signed by the all f Health and Ment ows any injury		PART II. Other significent	conditiona		()		in the unde	dying	cause given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS MLABLE PRIOR TO
that hed b ith ar	20	heavy again	rette a	bise (po	scill	o empl	ysem	a)			1 TYES 2	NO		MPLETION DF CAUSE DEATH?
requires seen sign of Heal	ME											•	1 (	YES 2 NO
	ž													, ,
N: The lav ficate has State Dep item 23	PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO		OSPITAL:\			OTHER:	26. PLA	CE OF DEATH (Ch	eck only or	ne)			
SICIAN: The certificate is the State i, or item	ΥS	1. YES 2 NO	1	- 4		ent 3 DOA	4 - Nursing	-	5 Residence	Y				
MG PHYSIC Mer this ce eath with the		27. MANNER OF DEATH  1 Natural 5 Pe	nding	28a. DATE OF III (Month, Day	Year)	28b. TH	JURY	WOR		28d, DE	SCRIBE HOW I	NJURY OCCU	<b>RED</b>	
After After death	ВУ	2 DANIE	restigation	28e. PLACE OF	INJURY -	At home, farm.			3 2 10	26f. LOC	ATION (Street	and Number or	Peral Rout	Number
ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State D 128 is marked, or item			ould not be termined	building, et						City	or Town, State)			
DR ATTENDING DIRECTOR: After hours after death ttem 28 is ma		29a. CERTIFIER	VIIIO BUIVAIOU	No. To all a book and an			4.40.41				4. 4			
로 로 로 프	COMPLETED	(Check only		AN: To the best of m										d manner as stated.
HOSPITAL FUNERAL WITHIN 72 TANT: II		29b. SIGNATURE AND TITLE									- Present an			
五 美 景 夏 石	BE	1	1.	- MD.	AH	endin	Phia		DZIY	T Z		DATE S	A.	27 GI
PESE	5	30. NAME AND A DRESS OF	PERSON WHO	OMPLETED CAUSE	OF DEAT	H (TEM 27) (Tro	Print)		יכ ע	ر ،		, ,,,,	1.1	-11-11

COUNTY EMERGENCY DEPT

PATRYCE

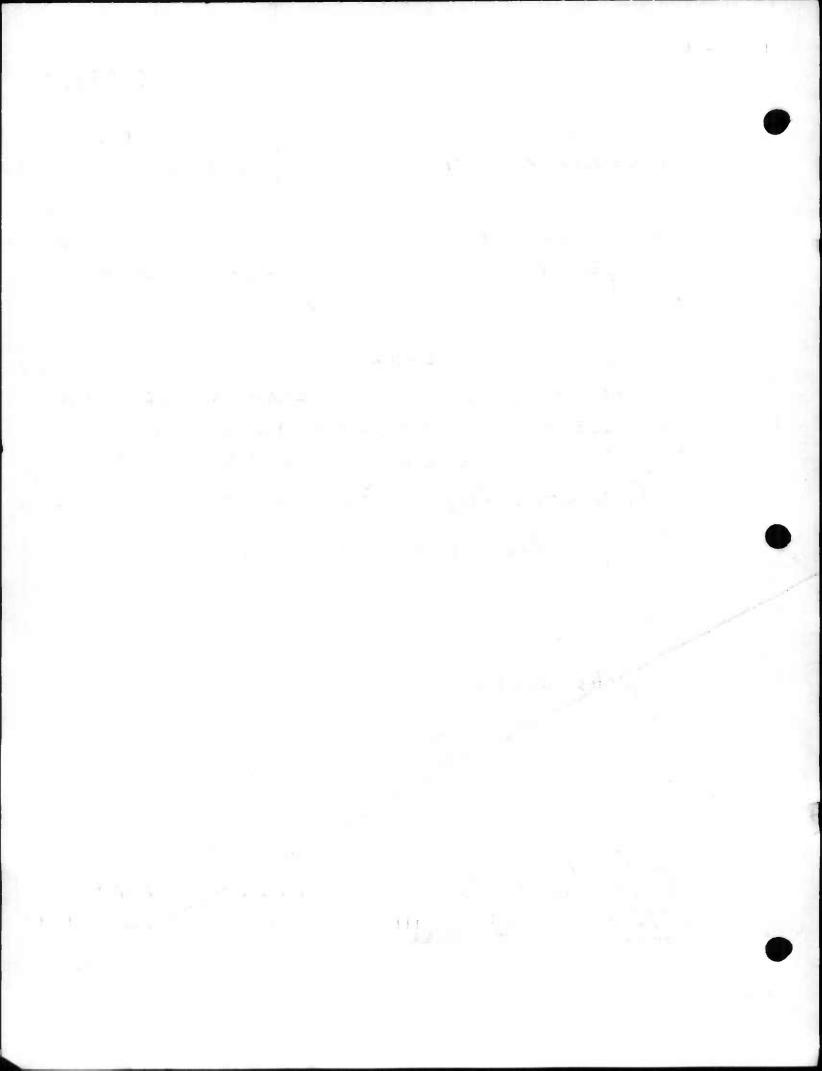
A. TOYE MO

1991

HOWARD 132 REGISTRAR'S SIGNATURE fulia Davidson-Handelle

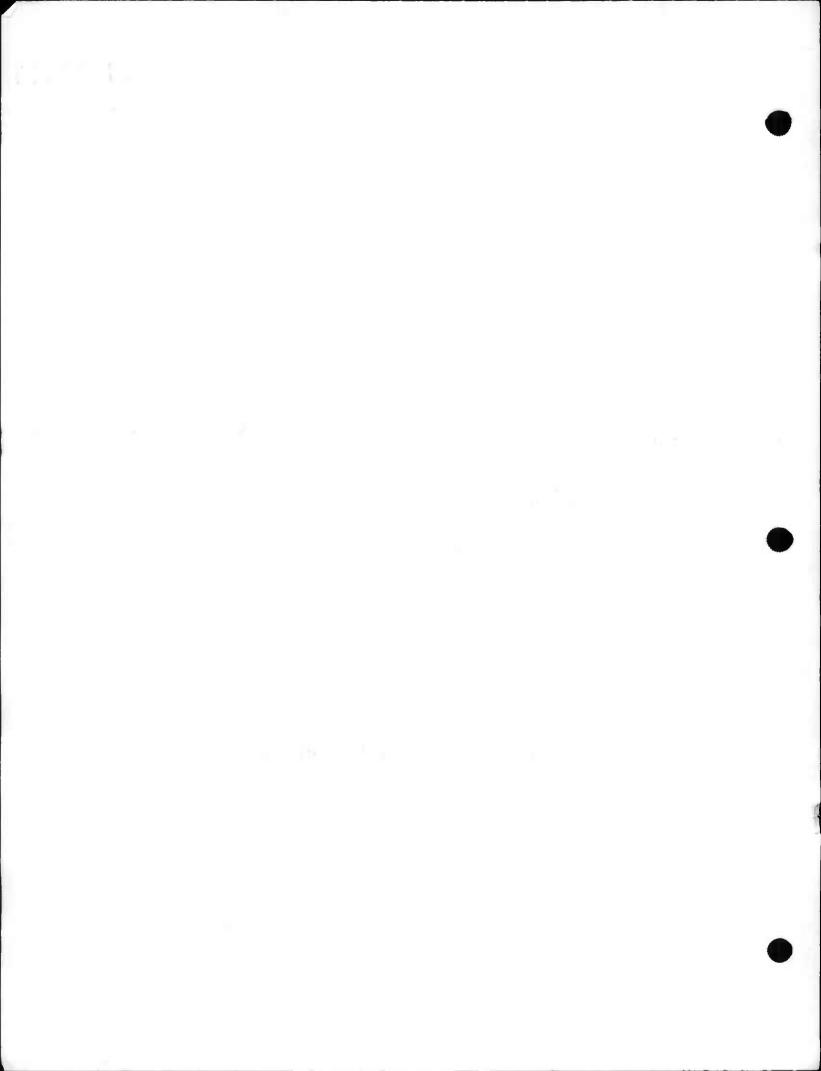
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL PERCHASE has been signed by the attention proficious and competed finish in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found units of burial-transit permit. Pages 1, 2, 3 should be found units of burial-transit permit.	IMPORTANT If item 2 site and continue to the control of the contro
---	---	--

	1 - FOR STATE OF REGISTRAR		RTMENT OF HEALTH AND FICATE OF DEATH		26513						
	1. DECEDENT'S NAME (First, Middle, Last) EDWARD		WERS		3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER  2 18 - 09 - 52 1 2 1 1 M 2 - F	6. AGE (In yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.		D 1 5:49 A M  BIRTHPLACE (State or Foreign Country)						
TOR BO	9a. FACILITY NAME (If not institution, give street and number) PLEASANT MANOR NURSI	NG HOME	9b. CITY, TOWN OR LOCATION OF BALTIMORE		Y OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY  M ) RAIT M		TY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER	OKE	10f. ZIP CODE	10g. CITIZE	1 YES 2 NO						
FUNERAL	1972 SEARLES  11. MARHTAL STATUS  12. WAS DECEDE	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	WIC ORIGIN? (Specify Yea or No.—	4. RACE — American Indian,						
B	3 Wildowed 4 Divorced IF YES, GIVE	MAR OR DATES	If yes, specify Cuban, Mexic 1 TYES 2 NO Spec	can, Puarto Rican, etc.)	Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	(Give kind of	B USUAL OCCUPATION work done during most of working se retired.)  OR	AMERICAN	CAN CO.						
BE CO	FRANK REWER	3	18. MOTHER'S N	AME (First, Middle, Malden Surname)  /A WARCZ	YNSKA						
2	190. INFORMANT'S NAME (Type/Print) AMBROSE REWER	195 1972	SEARLES R	D. BALT MD	1. 21222						
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)	cemetery crematory or a	OF DISPOSITION (Name of other place) SLAUS CEM	9/27/9 BALT	by or Town, Steta						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20.1	22. NAME AND ADDRESS OF E		OFDUNDALK						
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one call immediate CAUSE (Finel disease or condition resulting in death)  DUE TO	of caused the death. Do	Corpsiasculo	ch as cardiac or respiretory erres	Approximate Interval Batween Onset and Death						
CERTIFICATION	Sequentielly list conditions, If erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to	death but not resulting	in the underlying couse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)							
HYSI	Y HOSPITAL:	ER/Outpatlant 3 DOA	OTHER: 4 <sup>th</sup> Nursing Home 5 Residence	6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCUP	250						
ВУ Р	Netural 5 Pending (Month, L	ay, Year) IN.	M 1 YES 2 NO	200. DESCRIBE NOW INJURY OCCU							
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of a control of the best of the	my knowledga, death occurr xamination and/or investigation	ed at the time, data and place, and due on, in my opinion, death occured at the	to the cause(s) and manner as stated.	ause(a) and mannar as stated.						
TO BE	296. SUPPLIER AND TITLE OF CUTTIFIER	MD	29c, LICENSE NU		IGNED (Month, Day, Year)						
-	TARON WHO COMPLETED CAU		Print)	BALTIMORE, MARY							
	SFP 3 0 1991 July Registry	P'S SIGNATURE LOC	TENN SIREEL,	DALITHORE, MAR.	THUMD SIZO!						



	3	1000	5	ĕ
	4	filled	Э,	96
	in 2	ely	natio	27
ŝ	With	plet	cred	lua.
	8	100	e,	6
2	900	Pu	B	affe
	8	an a	9	5
5	te b	Sici	prior	fra
3	fica	E	au	her
5	perti	Jing	ygie	ot
	=	tend	T Te	è
	de	9	Nem	NO.
3	4	y th	P	Ē
2	that	D D	4	300
5	83	ign	leaft	25
í	9	en	to	hon
5	N.	Pe S	pr.	65
-	He is	ha.	0	E 2
=	-	cal	Stat	-
DIVISION OF VITAL PECONDS, F.O. DOA 13149,	CIA	ertif	the	2
-	3	is c	=	Pe
_	4	I th	*	arte
5	N	Afte	dea	8
5	EN	98.	fter	8
-	A	EG	55	2
5	S.	OH	Po	iter
_	K	M	2	2
	SP	NE	high	Ė
	¥	3	M	AT.
	H	H	filed	DO
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or	IMPORTANT: It is a 28 is marked or item 23 shows any injury, or other traumatic event, the me

	REGISTRAR		Ct	:RIIFIC	JAIL	IF DEA	MH.	F	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	,	VEAR	3. TIME OF DEATH			
	Wallace Naylor	Spring						Sept	26.	1991	YEAR	2:30 P M			
			AGE (In yrs. les	birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH			_	PLACE (State or Foreign			
	217 36 2060	1 JM 2   F			ONTHS DA			July 3, 189		202	Country	()			
			9.								ryland				
.	9a. FACILITY NAME (If not institution, give stre		96. CITY, TOWN OR LOCATION OF DEATH						ITY OF DE						
5	204 Dorchester Ave					ean C	ity			Wor	cest	er			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	40. 0004	TOWN OR LOCATION 16												
					_	CATION						10d. INSIDE CITY LIMITS?			
FUNERAL DIRECTOR	Md Wicomi	СО		Salis	sbury							1 NO NO			
4	10e. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITI	ZEN OF W	HAT COUNTRY?			
ב ע	301 W. Philadel	lphia Ave	9			2180	1			USA	1				
5		12. WAS DECEDENT I	EVER IN U.S. AR	MED				NIC ORIGIN? (9		or No-	14. RACE	— American Indian, , White, etc.			
	1 Never Merried 2 X Merried	FORCES? 1 IN	YES 2 LIN	10		i, apecify Cui YES 2 😿 N		in, Puarto Rica v:	n, atc.)			y:White			
2	3 Widowed 4 Divorced					,,,		, -							
2	15. DECEDENT'S EDUCA		16n. DE	CEDENT'S U	SUAL OCCU	PATION		16b. KII	ND OF BUS	INESS/INO	USTRY				
ū	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Iffe.	Do NOT use	retired.)	g most of wor	King								
COMPLEIED	2		Md.	State	e He	alth D	)ept	Go	verr	men	t				
5	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd							
	Dr. Gardiner Spi	cina				C-111		aylor :							
n n	19e. INFORMANT'S NAME (Type/Print)	mg_	10	MAH ING A	DODESS (C)			Route Number,			Cardal				
2		-4													
	Louella H. Spring	3	4	:				Sa lisb	_			1801			
	20s. METNOO OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remove	val from State	other pl	ice)		of cometery, or	rematory or			CATION —	-	wn, Stata			
	4 Donation 5 Other (Specify)		Ever	green	Cem					lin,					
	21. SIGNATURE OF JUNEAU SETVICE LICE	1. SIGNATURE OF MINERAL SERVICE LICENSEE							22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home						
	N. Xul B				108	Willia	ams S	St., B	erlin	, Mc	1. 2	1811			
-	23. PART I. Enter the diseases, or co	mallanting that	augad the de	eth Do es	t anter the	made of a	hilma aua	h an condina	an manil		n mê	I Annual ato			
	shock, or haart failure. L				re orner are	moda or c	zynig, suc	ii aa cerurac	or reapi	atory sri	out,	Approximate Interval Between			
IMMEDIATE CAUSE (Fine)											Onset and Death				
	disease or condition resulting in death)														
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Samuellally list applillage ( " Cergen Orafyella														
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	ceuse. Enter UNDERLYING						0								
Ī	CAUSE (Disease or Injury that Initiated events	DUE TO (C	H AS A CONSE	DUENCE OF)	E										
r	resulting in death) LAST														
5											_				
1	PART II. Other eignificent conditions	contributing to d	eeth but not	resulting in	the under	tying cause	e given in	Part I. 24	e. WAS AN		24b	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO			
DICAL	(0 0,		Re	100	~			1	YES 2			COMPLETION OF CAUSE OF DEATH?			
1		1 5	- 2									1 NES 2 NO			
2	1/2	1 /00	1					_			1				
A	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH /C	heck only one)							
PHYSICIAN: M	EXAMINER?	HOSPITAL:	ED/Out	- Par	OTHER:			, ,							
2	27. MANNER OF DEATH	28a. DATE OF II		28b. TIME	-	Noma 6 July Noma 6 July Noma 6 July Noma 6 July Noma 6 July Noma 6 July		6 Other (S		I II III OO	CUBED				
	1 Natural 6 Pending	(Month, Day		INJU	IRY	WORK?		200. DESCH	IBE HOW II	NJUNT OC	COMED				
2	2 Accident Investigation					YES 2	NO NO	ļ							
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At he ic. (Specify)	vne, farm, st	reet, factory,	offica		26f. LOCATI City or 1	ON (Street a lown, State)	and Number	r or Runal I	Route Number,			
ובח	4 Homicide determined														
MPLE	29a. CERTIFIER  (Chark cold)  1 CERTIFYING PHYSIC	IAN: To the best of m	ny knowledge, de	eth occurred	d at the time	data and pla	ce, and du	n to the cause	(a) and mar	ner as sta	ted.				
ž	(Check only one) 2 MEDICAL EXAMINER											and manner as stated.			
3					,y opin				primou, dil	OLDANIA TIL					
ш	29b. SIGNATURE AND TITLE OF CENTIFIED	Lot				29c. L	JCENSE NU	MBER				(Month, Day, Year)			
0	70	1 Ve	عب			D	62	020		P 9	1/27/	91			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
	30. NAME AND ADDRESS OF PERSON WIND		•												
					alisb	ırv.	Md.	21801							
		OCUST &	Quincy		alisb	ıry,	Md.	21801				= = 'a			



urs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely littled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Debt, of Health and Mental Hybiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within furs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the formating physician and completely fixed in by the formating prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH		91	26515
e Shroyer	2. DATE OF DEATH DAY	YEAR 1	3. TIME OF DEATH  8.20 A

	1 - FOR STATE (	OF MARYLAND / DEPA	RTMENT OF H		TENTAL HYGIENI REG. NO.	E	1 26515				
	1. DECEDENT'S NAME (First, Middle, Last)  Julia Louise Shroye:				2. DATE OF DEATH	5 °5	3. TIME OF DEATH 8:20 Am				
	4. SOCIAL SECURITY NUMBER $220-38-6721 \hspace{1cm} \text{1} \hspace{1cm} \square \hspace{1cm} \text{M} \hspace{1cm} \text{2} \hspace{1cm} \boxed{5}$	7	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/13/03	6. Bi	erthplace (State or Foreign ountry) aryland				
TOR	9a. FACILITY NAME (If not Institution, give street and number Bel Forest Nursing & Representation of the Residence of December 1	Center		est Hill	ATH	rford County					
DIRECTOR	Maryland Harford Co	ounty 10e. c	Hill	Hill							
FUNERAL	109 Forest Valley Dr	rive	101.	21050			SA				
BY	1 Never Merried 2 Merried FORCES	EDENT EVER IN U.S. ARMED 1 YES 2 XNO NVE WAR OR DATES	If yes, spe	ENDENT OF HISPANI ocity Cuben, Mexicen 2 NO Specify:			AACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4)	(Give kind of life. Do NOT	's usual occupation of work done during most use retired.)		18b. KIND OF BUS		NY .				
BE COM	17. FATHER'S NAME (First, Middle, Leat) Michael Nesline	Home	-marce		ME (First, Middle, Meiden argaret En	Surneme)					
TO BI	19e. INFORMANT'S NAME (Type/Print)		1 1		oute Number, City or Town						
	Mereparet Oneill 731 webb 57 Aberdeen mo 21001  20s. METHOD OF DISPOSITION   20s. DOCATION - City or Town, State of Docation 5 Other (Specify) Park 1200 Cert (Specify) Ballo mD										
	21. SIGNATURE OF ENHERAL SERVICE LICENSEE	and bom	22. HAME AM 2 1496	DADDHESS OF FAC		2110	mD				
	23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contribution  Fig. 1. Other significant conditions contribution  Fig. 2. Other significant conditions contribution  Fig. 2. Other significant conditions conditions contribution  Fig. 2. Other significant conditions conditio		g ceuse given in i	Pert I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINORINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpatien	L: t 2 ER/Outpetient 3 DOA	ОТНЕЯ:	ACE OF DEATH (Che							
	1 Natural 5 Pending (Mo			RK?	28d. DESCRIBE HOW II	NJURY OCCURE	D				
TED BY	3 Suicide 28e. PL	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City of Four State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic						use(a) and manner ee stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	<u> </u>	29c. LICENSE NUM	CENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (T)		112/		4	116/0				
	31. DATE FILED (Month, Day, Year)  32. REG  CED 3 1001 June 1	WISTAR'S SIGNATURE WISSON MANGE	( Bel A	in Man	Bel	Air	Ind 71014				

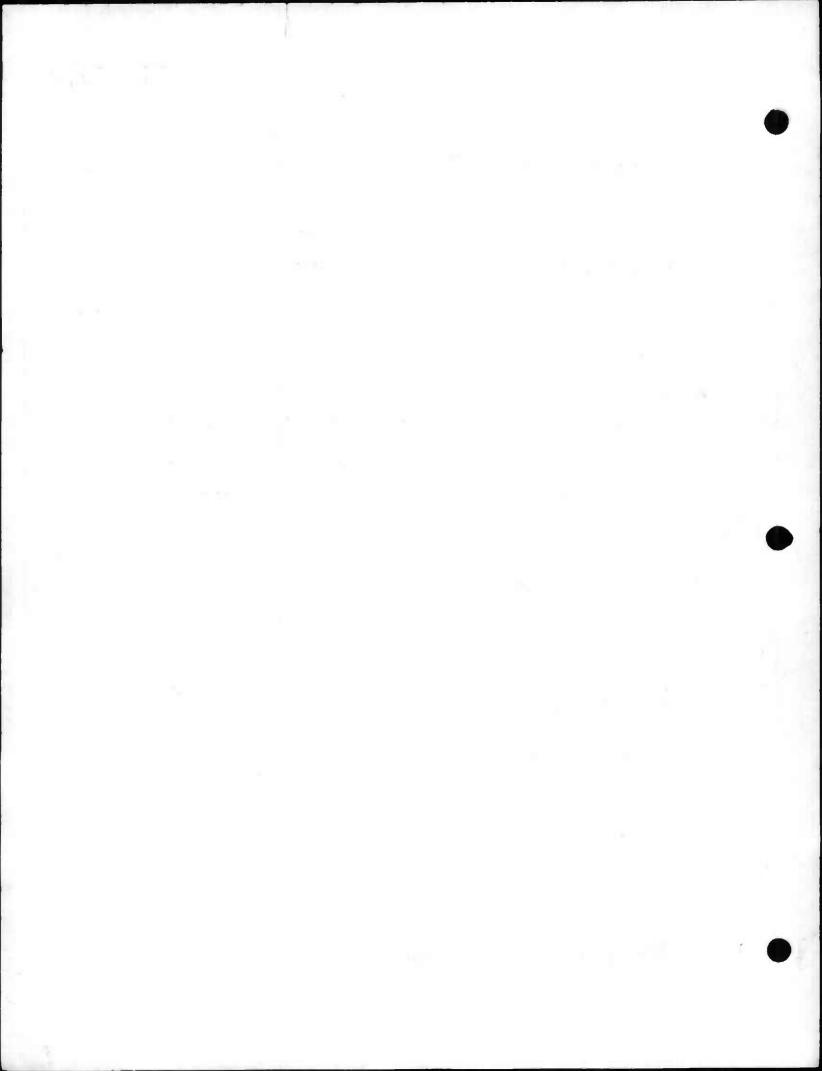
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYG REG.	6.1	2	6516		
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY	C. S	MITH			2. DATE OF DEAT	DAY	YEAR	PIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTI		BIRTHPLA	CE (State or Foreign		
	196-14-9257	1 DM 2 X F 77	YRS.	MONTHS	HOURS	MIN.	Feb. 27		Country)	vlvania		
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, T	OWN OR LOCA	TION OF DE						
OR	Riverview Nursing	Home		Ba1	timore				n/a			
ЕСТОВ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		100 CYT	Y, TOWN OR					100	, INSIDE CITY		
DIRE		ltimore		nda1k				LIMITS?				
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											
ER/	3463 Yorkway Driv		US	A								
BY FUNERAL		STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES MO IF YES. GIVE WAR OR DATES.					IIC ORIGIN? (Special of the control		Black, Wi	American Indian, nita, etc.		
0	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDENT'S	USUAL OCC	UPATION	rkina	18b. KIND O	F BUSINESS/INDU	STRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			ing most of wo	ning		-4 7				
ĕ Z	12 years		Housew	ife				at home				
5 8	17. FATHER'S NAME (First, Middle, Last) Homer S. Grove						ME (First, Middle, M.					
examiner must be notified at once.  TO BE COM	19a. INFORMANT'S NAME (Type/Print)	-	10h MAH INC	ADDRESS (			a Notest		0-4-1			
1 1	David E. Kelly		H C				rt Valle					
8	20a, METHOD OF DISPOSITION	206	PLACE OF DISPOS					c. LOCATION — C		State		
T T T T T T T T T T T T T T T T T T T	1XXBurial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	other place)									
Je L	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
жаш	Johnson Funeral Home 8521 Loch Raven Blvd. Balto., MD 21204											
or other traumatic event, the medical ERTIFICATION	23. PART / Enter the diseasas, Dr complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition peaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury)											
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):								
S S	d											
28 is marked at them 23 shows any injury, TED BY PHYSICIAN: MEDICAL CE	PART II. Other algoriticant conditions	contributing to death b	ut not resulting	in the unde	erlying caus	e given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Ch	eck only one)					
Si de	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 DOA	OTHER:	a Home 5 🗆	Residence	8 Other (Specif)	v)				
PHY S	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	-	8c. INJURY AT WORK?			IOW INJURY OCC	URED	-		
BY F	1 2 Natural 5 Pending 2 Accident Investigation	(MONDI, Day, real)	ero.		1 YES 2	□ NO						
TED B	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factor	y, office		281. LOCATION (S City or Town,	treet and Number ( State)	or Rural Route	Number,		
IMPORTANT: If Item 2 O BE COMPLET	anal and	IAN: To the best of my know								d manner as stated.		
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	11/0-				ICENSE NUI				onth, Day, Year)		
TO B	Mergeran o	spelen	nou ,		M	1)-	D0801	9 > 9	129	191		
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)					, ,			
1 =	SEP 3 0 1991 day	32. REGISTRAR'S SIGN										
	1 -1 00 1991 40	lid Tours . m.										

	FOR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEAITH AND I	MENTAL UVCIEI	91	26517		
	1 - STATE REGISTRAR			ICATE OF		REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)	~-nd/H	owar	d. SK	inner	2. DATE OF DEATH		3. TIME OF DEATH		
		6. SEX 6. AGE (I	yrs. last birthday)  7  7  7  8  7  8  7  8  7  8  7  8  8	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	26 6. BIRTHPLACE (State or Foreign			
OR	9a. FACILITY NAME (If not institution, give stree UNIV. OF MI			4	OR LOCATION OF DE		9c. COUNT	Lto City		
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY						1 10 1	<u> </u>		
L DIRECTOR	MD 10e. STREET AND NUMBER			Y, TOWN OR LOCA BALTIM(	ORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1230 N. GILMOR			10	21217			U.S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, ap	cendent of Hispan becify Cyban, Mexice 2 NO Specify		na or No— 1	I4. RACE — American Indian, Black, White, etc. Specify: BLACK		
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	JSINESS/INDU	STRY		
COMPLETED		College (1-4 or 5+)		SUPER		FRANK NURSI				
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLES SKINNER					ME (First, Middle, Melder INE BLAK	,			
10	19a. INFORMANT'S NAME (Type/Print)  GRACIE SKINNER		19b. MAILING 1230	N. GI	and Number or Rural R	Oute Number, City or To	MORE,	MD 21217		
	20a. METHOO OF DISPOSITION 1A Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b.	Pk. Cem.	Cem.   20c. LOCATION — City or Town, State   Baltimore, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			NO ADDRESS OF FAC		LEIMOL	e, na.		
_	- JARUSH A							NORTH AVE.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death disease or condition a. Very College of Conset and Death Onset and Death D									
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
CAT	if any, laading to immediata cause. Entar UNDERLYING CAUSE (Diseasa or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):						
	PART II. Other significant conditions c	ontributing to death bu	t not reaulting i	n the undariving	g causa givan in f	Part I. 24s. WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	dealete	disease				PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Z								7		
S		OSPITAL		OTHER:	ACE OF OEATH (Che					
¥	27. MANNER OF DEATH	28s, DATE OF INJURY	flent 3 □ DOA	OF 28c. INJ		28d. DESCRIBE HOW	MJURY OCCU	BED		
à	2 Accident   Pending investigation	28a. PLACE OF INJURY	- At home, term, at	M 1 🗆						
ETED	4 Homicide determined	building, etc. (Specif	y)	inet, ideloly, one		281. LOCATION (Street City or Town, State,	and Number or	Hural Houte Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the beat ot my knowle on the besia of axamination	dgs, death occurre and/or investigation	d at the time, date n, in my opinion, d	and place, end due t eath occured at the t	to the cause(a) and ma lime, date and place, er	nner as stated	cause(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, D  - 7 -								
	30. NAME AND AGORESS OF PERSON WHO CO	OMPLETEO CAUSE OF OEA	TH (ITEM 27) (Туре,	Print)				•		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA								
	SEP 3 0 1991 grave	Davidson-Rand	UDG.					DHMH-18 Rev 1/89		

DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed the refresh of a strength of the funeral director, gage 5 should be detached
or death. Page 6 may be retained by the hospin	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the chem carificate be executed within 24 hours after death. Page 6 may be retained by the hospit

	1 - STATE REGISTRAR		MARYLAND /				DEA		MENIAL	REG. NO	_		100	
	1. DECEDENT'S NAME (First, Middle, La								2. DATE	OF DEATH	AY	YEAR 3	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	ton Snipe	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS		of BIRTH	_		ACE (State or Foreign	
	237=74=1061	XX M 2 □ F	42	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	- 1	Country)	N.C.	
	9e. FACILITY NAME (If not institution, gi	ve street end number)			9b. CITY	r, TOWN C	OR LOCATI	ON OF D		20 47	9c. COUNTY OF DEATH			
e e	Union Memori	al Hosoita	a.1		Baltimore Cit									
ᇈ	RESIDENCE OF DECEDENT  100. STATE  100. COU										<u> </u>			
DIRECTOR	MD			LT IM		CITY						Dd. INSIDE CITY LIMITS?  X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2023 E. 32nd. ST				101	2121				10g. CITIZE	S.A.	AT COUNTRY?		
BY	11. MARITAL STATUS  Never Merried 2 Merried  3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 A					ENDENT Cooling Cube	n, Mexico	n, Puerto R	? (Specify Yes	or No 1	Bleck, V	American Indian, White, etc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5	(Gi	ive kind of	USUAL O work done se retired.)	during mo	ON st of workin	ng			SINESS/INDU	STRY		
OMPL	N/A  17. FATHER'S NAME (First, Middle, Last)	College (1-4 of 5	.,								Stee	1 Co	rp.	
BE CC	Preston	Snipes					Haz	e1		liddle, Melden Lee	3		Harris	
TO	19a. INFORMANT'S NAME (Type/Print) Hazel Lee Snipe	es	198	1215	COR	S (Street a	ST.	/Dui	cham,	N.C.	n, State, Zip C 2770	7		
	20e. METHOD OF DISPOSITION  ↑  ↑  ↑  Donation   Other (Specify)	emoval from State	20b. PLACE A	matory or o	ther place)				OATE		CATION — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	lew	Ceme		O ADDRE	SS OF FA	CILITY	l Dui	IIaiii	,	N.C.		
	WM.C. MARCH F.H. 1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												VENUE	
	23. PART I. Entar the diseases, of ahock, or heart felius	or complications the	t caused tha de	ath. Do i	not anter	the mo	da of dyl	ng, suc	h as card	ac or raspi	ratory arrea	it,	Approximata interval Between	
	IMMEDIATE CAUSE (Final											Onset and Dasth		
	OUE TO (OR AS A CONSEQUENCE OF):										3643			
CERTIFICATION	If any, leading to immediate											3wks 3years		
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c											ļ	
	that initiated evanta resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
8		d											-	
CAL	PART II. Other algnificant condit	lona contributing to	death but not re	esulting	in tha ur	nderlying	causa g	ivan in	Pert I.	24e. WAS AN PERFOR	MED?	AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO	
MED	Decubitac u	ces							-	1  YES 2	NO	01	OMPLETION OF CAUSE F DEATH?	
									- 1			1	YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Ch	eck only one	)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ OOA	OTHER 4 Nur	9:			8 🗆 Other					
РНУ	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT				NJURY OCCU	RED		
ВУ	t Natural 5 Pending 2 Accident Investigatio		ay, rowry	ING	M		RK? 'ES 2	NO						
	3 Suicide 8 Could not I	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office 28f, LOCATION (Street and Number or Rural Route Num									e Number,			
COMPLETED		YSICIAN: To the best of												
	29b. SIGNATURE AND TITLE OF CERTIF			_						, , , , , , , , , , , , , , , , , , ,				
BE	43	reace DO					asc. LICE	WOE NUM	UMBER 29d, DATE SIGNED (Mo)					
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITEN	27) (Type	Print)						7	Jole	191	
				, (,,,,,,,										
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE											
	SEP 3 0 1001	1.0. K	، ب											



03/

07

2. DATE OF DEATH

945

Joyc	e 610	Str	( v	٨
SOCIAL SEC	LIDITY MUMBED			è

1991 7. DATE OF BIRTH (Month, Bay, Year)

215-46-7954

41 YRS.

6. AGE (In yrs. last birthday)

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

6. BIRTHPLACE (State or Foreign MD

9e. FACILITY NAME (If not institution, give street and number)

HARBOR HOSPITAL

9b. CITY TOWN OR LOCATION OF DEATH BALTIMORE

9c. COUNTY OF DEATH

RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY

DIRECTOR

FUNERAL

BY

COMPLETED

2

100 BE notified

9

must

examiner

medical

the

event.

traumatic

8

any

with

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

cutted within

10c. CITY, TOWN OR LOCATION BALTIMORE

10d. INSIDE CITY 1 YES 2 NO

10e. STREET AND NUMBER

2342 NORFOLK STREET

101. ZIP CODE 21230

U.S.A.

11. MARITAL STATUS

1 Never Married 2 Merried

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

14. RACE — American Indien, Black, White, atc. Specify:

3 Widowed 4 Divorced

15. DECEDENT'S EDUCATION (Specify only highest grade complet

BLACK

10g. CITIZEN OF WHAT COUNTRY?

College (1-4 or 5+)

4field

1 🗆 M 2 💢 F

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

16b. KIND OF BUSINESS/INDUSTRY

12TH

UNEMPLOYED

17. FATHER'S NAME (First, Middle, Last)

WILLIAM GRIMES

18. MOTHER'S NAME (First, Middle, Maiden Surname)

JOYCE BAGLEY

19e. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

NORFOLK ST./BALTIMORE, MD 21230

JOYCE GRIMES

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or MT. ZION CEMETERY

20c. LOCATION — City or Town, State LANSDOWNE MD

20e. METHOD OF DISPOSITION
1 V Burlel 2 Cremetion 3 Removal from State
4 Dogation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN

22. NAME AND ADDRESS OF FACILITY

WM.C.MARCH F.H./1101 E. NORTH AVE.

23. PART I. Enter the diseases, or complications that caused the death. Dp npt enter the mode of dying, such se cardiec or respiratory errest, shock, or heart is the pnly pne cause pn sech line. IMMEDIATE CAUSE (Fine)

resulting in death)

Caroliac Arres

DUE TO (OR AS A CONSEQUENCE OF):

Sequentielly list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST

DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY 1 YES 2 NO

28d, DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Between Onset and Death

1 YES 2 NO

Septicemia 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 

Acino bacter

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 6 - Residence 6 - Other (Specify)

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

Multiple Staph

26, PLACE OF DEATH (Check only one) OTHER:

1 YES 2 NO 27. MANNER OF DEATH

1 Netural

2 Accident

3 Suicide

4 Homicide

5 Pending Investigation 6 Could not be determined

М 26e. PLACE OF INJURY — At home, farm, atreet, tectory, office building, atc. (Specify)

26c. INJURY AT WORK? 1 YES 2 NO

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

26b. TIME OF

2 MEDICAL/EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29d. DATE SIGNED (Month, Day, Year)

MD House Officer WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

St Normandy Woods Dr. Ellicatt Cit

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

2 1001

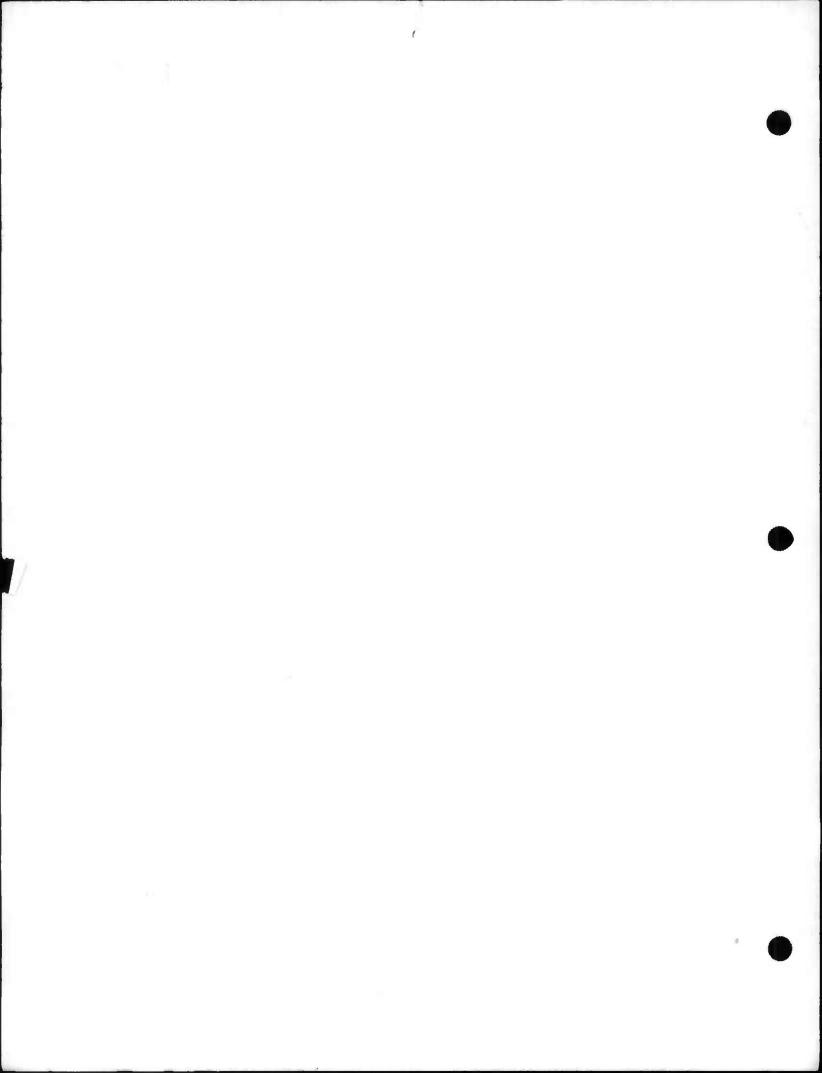
26s. DATE OF INJURY (Month, Day, Year)

leath. Page 6 may be retained by the hospital or attending physician.

Numeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 death. ours after

RECORDS, P. OF VITAL

and completely filled in by the 1 signed by the attent Health and Mental Hy law requires that the death s certificate has been si th the State Dept. of He d, or Item 23 show HOSPITAL OR ATTENDING PHYSICIAN: The this DIRECTOR: After the hours after death vitem 28 is mark DIVISION TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its



2

Kevin Quinn

31. DATE FILED (Month, Day, Year)

MD

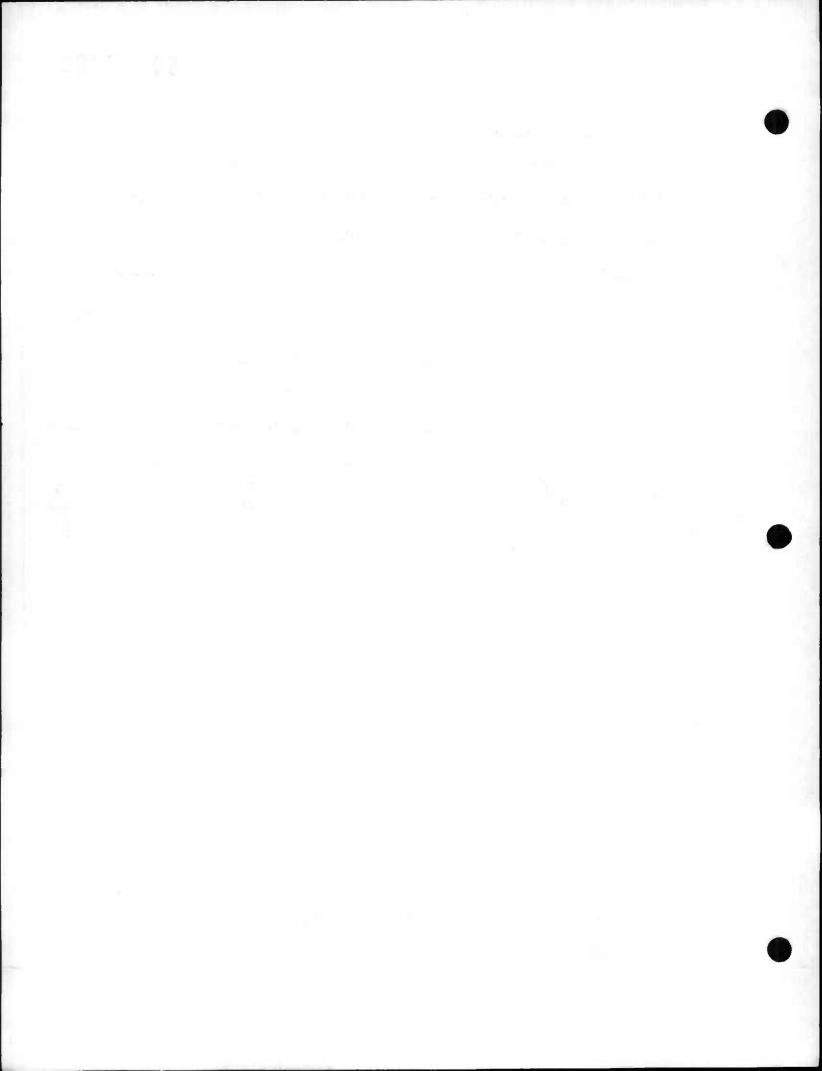
SEP 27

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 . STATE	STATE OF M	ARYLAND	/ DEPAR	RTMENT	OF I	<b>TEALTH</b>	AND I	MENTAL I	HYGIEN	-	20	120
	REGISTRAR		C	ERTIF	ICATE	OF	DEAT	ГН	F	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  Joseph B.	Sattler							2. DATE OF	DEATH 24	NY.	91°	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-01-8607 A	5. SEX	6. AGE (In yrs. I	est birthday) YRS.	# UNDER	1 YEAR DAYS	#F UNDER	24 HRS. MIN.	7. DATE OF (Month, Da May 2	BIRTH By. Year	94	a. BIRTHPI Country) Mary	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give: Meridian Long Gre RESIDENCE OF DECEDENT	. 772		re, I		ATH		9c. COU	NTY OF OEA 1timo:	тн re Cit <b>y</b>			
DIRECTOR	10e. STATE 10b. COUNT	v imore			therv							0d. INSIDE CITY LIMITS? XX  YES 2 XXNO	
FUNERAL											AT COUNTRY?		
N	1325 Burleigh Rd.						2109					S.A.	
BY	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2X	RMED NO	1 1	f yes, sp	ecify Cuber	F HISPAN n, Mexicar Specify	IIC ORIGIN? (S n, Puerto Rice	ipecify Yes n, etc.)	or No—	Black, 1 Specify:	- American Indian, White, etc. White
ED	15. DECEDENT'S EDU	ICATION	18a. D	ECEDENT'S	USUAL OC	CUPATIO	ON		18h Kil	ID OF BUS	SINESS/INC		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5+)	- 6	Give kind of the Do NOT us	work done o se retired.)	luring mo	st of working			VD 01 550	MC33/INC	JOSTAT	
N.	17. FATHER'S NAME (First, Middle, Last)												
BE C	Joseph Sattler								ME (First, Midd Baumar		Sumame)		
10	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, City or Town, State, Zip Code)				
F	Elizabeth McMahon 1325 Burleigh Rd. Lutherville , Maryland 2										d 21093		
	20s. METHOD OF OISPOSITION  1\(\text{Complete}\) Burdel 2 \(\text{Cremellon}\) Cremellon 3 \(\text{Removel from State}\)  20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory of other place)  Moreland Memorial Park  20c. LOCATION - City or Town, State  Park ville, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND A RUCK TO						Tows	on F	uneral	L Hom	ne m	Owen	ork Rd.
	23. PART I. Enter the diseases, or	compilcations that	caused the d	eeth. Do r	ot enter	tha mo	de of dyle	ng, such	aa cardiec	or respi	ratory en	rest,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Fine)	Liet Offiny Offe Caus	e on auch lin	0.									Interval Between Onset and Death
	disease or condition	As. To	Kiosc	POAR	Vic	10	MI	2000	Golor	XX	000	0	> 44 hrs
	resulting in death)	DUE TO (C	OR AS A CONSE	OUENCE OF	7: .	(	-				ea j		2.1/0
Z	Sagrandially lies and the con-	b	Hys	202/21	AOR	,							
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A COMME	QUENCE OF	j:								
CERTIFICATION	CAUSE (Disease or injury that initiated events	cDUE TO (C	OR AS A CONSE	OUENCE OF									
CERI	resulting in death) LAST												
	PART ii. Other significant condition	s contributing to d	eeth but not	resulting	n the un	deriying	g ceuse g	iven in F	Pert i. 24	. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL									10	YES 2		C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
									-			1	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF OE	EATH (Che	ck only one)				
Sic	1 YES ZY NO	HOSPITAL:	ER/Outpetlent :	DOA	OTHER		e 5 ∏ Res	sidence s	3 C Other (Sp	moifu)			
PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending	28s. OATE OF IN (Month, Day,	JURY	28b. TIM		28c. INJ WO	URY AT RK?		28d. OESCRII		JURY OCC	CUREO	
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined Suicide 8 Homicide See. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						,	281. LOCATIO City or To	N (Street a	nd Number	or Rural Rout	te Number,	
	29e. CERTIFIER							100				-	
A I	(Check only   CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, d	eath occurre	d at the tir	ne, date	and place,	and due I	o the cause(s	) and man	ner sa stat	ed.	
COMPL	2 MEDICAL EXAMINE		mination and/or	Investigatio	n, in my op	oinlon, de	eath occure	d st the t	ime, data and	place, and	due to th	e cause(s) s	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Dura	41				29c, LICE	NSE NUMI	BER		29d. DATI	E SIGNEO (M	onth, Day, Year)

29d. DATE SIGNEO (Month, Day, Year) Sept. 24, 1991 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 1205 York Rd. Timonium, Maryland 21093

32. REGISTRAR'S SIGNATURE 1991 Junia Lavidson-Randelle



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATI	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		area in	3. TIME OF DEATH
		TRAIGHT					9 25	1	991	0500A M
	4, SOCIAL SECURITY NUMBER	the second secon	(In yrs. last birthday)	IF UNDER 1 YEAR		4 HRS. 7. I	DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign
	234-30-8464	1 M 2 X F	84 YRS.	MONTHS DAYS	HOURS	MIN.	3/17/190	7	West	Virginia
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOW	OR LOCATION				NTY OF D	
DIRECTOR	GREATER BALTIMORE	MEDICAL CEN	TER	TOWSO	N			BA	LTIM	ORE
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	MARYLAND BALT	TIMORE	l I	OWSON						LIMITS?
AL	10a. STREET AND NUMBER				101. ZIP CODE			10g, CITI	ZEN OF Y	HAT COUNTRY?
FUNERAL	305 E. JOPPA ROAD				21204			U.S		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 - NO	II yes,	ECENDENT OF specify Cuben, ES 2 NO	Maxican, Pu	RIGIN? (Specify Yea arto Rican, atc.)		14. RACE Black Speck Whit	— American Indian, , Whita, atc. fy:
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during i se retired.)	most of working					
를	8		Homema	aker			Own Ho	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHE	R'S NAME (F	First, Middle, Malden S	iurname)		
BE (	Unknown				Ber	tha I	Pigott			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or	Rural Route	Number, City or Town	, State, Zip	Code)	
F	Charles O. Straig	nt	1307	Malbay	Dr.,	Luthe	erville,	Md.	2109	3
	20s. METHOD OF DISPOSITION 1-10 Burlat 2 Cremation 3 - Rento	rail from State 20b.	PLACEAND DATE	OF DISPOSITION (	Name of			ATION —		wn, Stata
	4 Donation & Dother (Specify)	were /  Ga	rdens of					0.,		
- 1	1/1/00/1			Ruck	AND ADORESS LOWS C	of facility n Fur	eral Hom	ie, I	nc.	
	VMell ( Nol)	WW ok-		1050	) York	Rd.,	Towson,	Md.	2120	4
Z	23 PART I. Enter the diseases, or conshock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAC FA	ILURE	F):		g, such ss	cardiac or reapir	atory arm	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other aignificant conditions	contributing to death be	ut not reaulting	In the underlyi	ng cause giv	en in Part	1. 24a. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFORM 1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž										
ᅙ		HOSPITAL:		OTHER:	PLACE OF OEAT	TH (Check on	nly one)			
₹		1 - Inpatient 2 - ER/Outpa	etlant 3 DOA	4 - Nursing Ho	me 5 🗆 Raeld	fenca 6 🗆	Other (Specify)			
표	27. MANNER OF OEATH  1 ☑ Neturel 5 ☐ Pending	(Month, Day, Year)	28b. TIM INJ		JURY AT	28d.	OESCRIBE HOW IN	JURY OCC	UREO	
à	2 Accident Investigation				YES 2 N	40				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Special	— At home, term, a	street, factory, off	ca	281.	LOCATION (Street an City or Town, State)	d Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the beat of my knowle	edge, daath occurre	ed at the time, dat	ta and pleca, an	nd due to the	cause(a) and mann	er an state	d.	
<u></u>	one) 2 MEOICAL EXAMINER:	On the basis of examination	and/or investigatio	n, in my opinion,	daath occured	at the time,	data and place, and	dua to the	cause(a)	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	N. Kark	u Ma	OA.	29c. LICENS		ĝ	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEA	6565	N, Che	uls -	st	phy to	2421	LL/	2120 G

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical antimer must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-00	e retained by the hospital or attending	e 5 should be detached for use as the
	24 hours after death. Page 6 may be	filled in by the funeral director, page ion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	L ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the the burns after death with the State Bent of Health and Mental Hydiene prior to burnal cremation, or removal.

use as the burial-trans	Carried States
age 5 should be detached for	be notified at once.
d in by the funeral director, p or removal.	nt, the medical examiner must b
physician and completely fille the prior to burial, cremation,	er traumatic event, the
en signed by the attending port Health and Mental Hygien	hows any injury, or oth
After this certificate has be-	marked, or item 23 s
THE FUNERAL DIRECTOR: Joe filed within 72 hours after o	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the flurial-trans be find within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEAL	TH AND MENTAL HYGIENE
CERTIFICATE OF DE	ATH REG. NO.

FOR STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)  ESTELLA	A TIME	2PIN		2. DATE OF DEATH DAY	/491	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217 3 83540	5. SEX 6. AGE (in	yrs. last birthday) IF UP 59 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)  1 - 31 - 32	a. Birtti Count	MD
MERCY HOSPITAL	eet and number)	9b. C	BALTIMORE	EATH	9c. COUNTY OF I	DEATH
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  M D			N OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 448 E. 22ND ST	REET		10f. ZIP CODE 21218		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 — YES 2 NO Specif	an, Puerto Rican, etc.)	or No- 14. RAC Blac Spec	E - American Indian, ock, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
N/A 17. FATHER'S NAME (First, Middle, Leal)		Counter		AME (First, Middle, Meiden	gton Mar	ket
Unknown  196. INFORMANT'S NAME (Type/Print)  Joyce Sheppard		19b. MAILING AOOF	ness (Street and Number or Rural T 22nd. Stree	Unknown  Route Number, City or Town  t/Baltimore	n, State, Zip Code)	21218
20a, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Remo	val from State of ce	PLACE AND DATE OF C	ISPOSITION (Name	DATE 20c. LOG	cation – city or t	own, State
			22. NAME AND ADDRESS OF F	MCILITY		
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or contained abook, or heart failure. I	to K.C	Tha death. Do not en	IM.C.MARCH I	.H./1101		Approximate
23. PART I. Enter the diseases, or co	omplications that causes	the death. Do not eight line.	IM.C.MARCH I	H./1101 th se cardiac or reaple		Approximate Interval Between
23. PART I. Enter the diseases, or canock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition	omplications that caused a lat only one cause on as	the death. Do not eight line.	IM. C. MARCH Inter the mode of dying, sur the Synd Mellitus Sion	H./1101 th se cardiac or reaple	ratory arrest,	Approximate Interval Betw Onset and Da
23. PART I. Enter the diseases, or contained in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A DUE TO (OR AS	the death. Do not exchiline.  Death CONSEQUENCE OF):  LETTER OF STREET OF ST	M.C. MARCH Inter the mode of dying, sur the Synd Mellitus Sion Llovascul	F.H./1101  she as cardiac or reaple  rome  ar Du	SUBSE AUTOPSY 24	Approximate Interval Betwood Onset and Date of the Conset and Date o
23. PART I. Enter the diseases, or contained, or heart failure. Leading the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	the death. Do not each line.  Note that the consequence of the consequ	M. C. MARCH  Inter the mode of dying, such  Mellitus  Sion  Alovas Cul  a underlying ceuse given in  28. PLACE OF DEATH (C	Ar Du	SUBSE AUTOPSY 24	Approximate Interval Betwo Onset and Da
23. PART I. Enter the diseases, or contanock, or heart failure. Let immediate cause or condition and interest in the second sease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth but	the death. Do not each line.  Note that the consequence of the consequ	M. C. MARCH  Inter the mode of dying, such  M. C. MARCH  The such and such as a such a	Ar Du	SCASC AUTOPSY 24 MED? M.NO	Approximate Interval Betwo Onset and Da
23. PART I. Enter the diseases, or contained in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS	tha death. Do not ench line.  Note that the second of the	M. C. MARCH  Inter the mode of dying, such  A Synd  Nellitus  SLOVE  SLOVE  SLOVE  SUBJECT  SUBJECT  28. PLACE OF DEATH (C)  HER:  Nursing Home 5   Residence  28. INJURY AT  WORK?  1   YES 2   NO	A Du la Part I. 24a. WAS AN PERFOR 1 U ves 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY AT NO DEPARTMENT OF FURNIAN NUMBER OF FURNIAN NU	Approximate Interval Betw. Onset and Da
23. PART I. Enter the diseases, or contended, or heart failure. In the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A DUE TO (OR AS	tha death. Do not eight the consequence of the cons	M. C. MARCH  Inter the mode of dying, such  A Synd  Nellitus  SLOVE  SLOVE  SLOVE  SUBJECT  SUBJECT  28. PLACE OF DEATH (C)  HER:  Nursing Home 5   Residence  28. INJURY AT  WORK?  1   YES 2   NO	The accordance or reaple of the accordance or reaple of the cause (e) and market of th	AUTOPSY AMED?  AUTOPSY MED?  AND OCCURED  AN	Approximate Interval Betwee Onset and Da Ons
23. PART I. Enter the diseases, or contended, or heart failure. In the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A DUE TO (OR AS	tha death. Do not eight the consequence of the cons	M. C. MARCH  Inter the mode of dying, such  A Synd  Nellotus  Ston  ALOVAS Cull  28. PLACE OF DEATH (C)  HER:  Nursing Home 5   Residence  28c. INJERY AT  WORK?  1   YES 2   NO  fectory, office	The American Control of the Control	AUTOPSY 24 MED? MY OCCURED  AUTOPSY AND  NJURY OCCURED  and Number or Rural  there as stated, and due to the cause	Approximate Interval Betwee Onset and Da Ons

7, 3

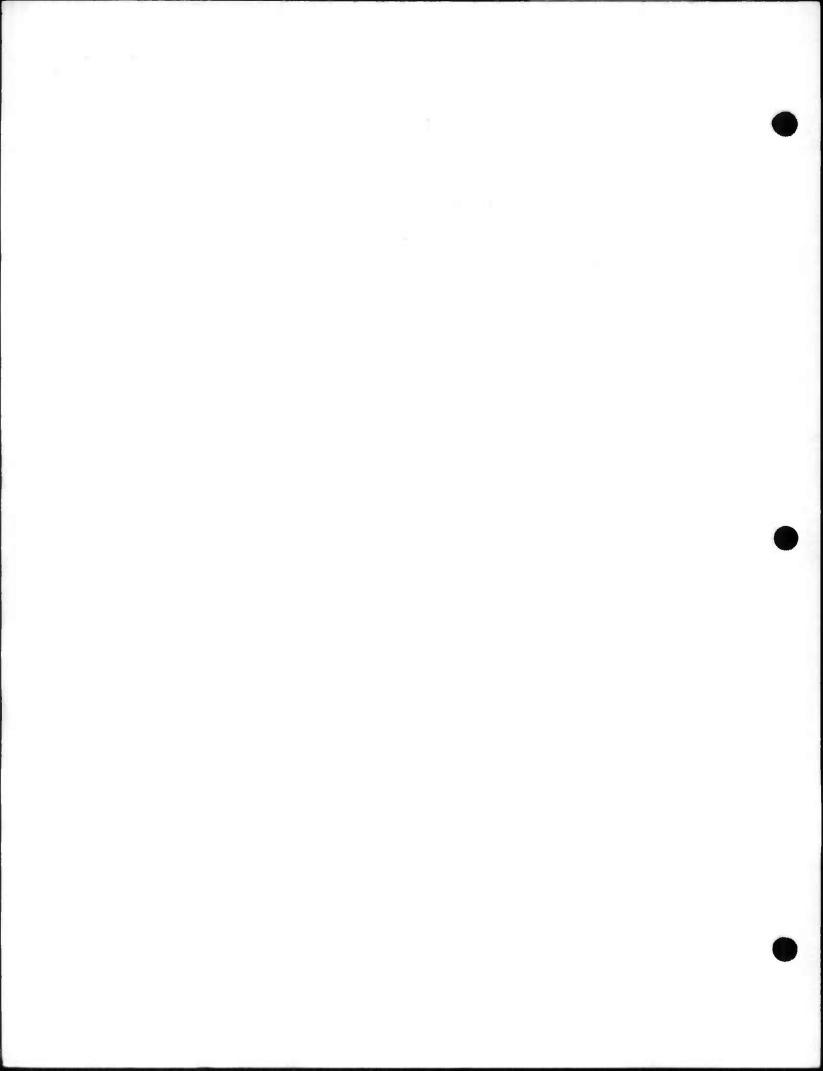
91 -71 V A -- 31 X A STATE OF THE STA 200 july 1989 10 Miles

r Berlin in in

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

eath. Page 6 may be retained by the hos	uneral director, page 5 should be detache	aminer must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the man death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex to the funeral director, page 5 should be detached and complex to the state of the should be detached to the should be detached the state of the should be detached the should be should be detached the should be should be detached the should be s	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									7	20020
1 - STATE REGISTRAR	STATE OF MA			MENT OF H			ENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)	C	LOPTI	04			2	DATE OF DEATH		YEAR 3.1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 256-09-1955		B. AGE (In yrs. lest	birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24	HRS, 7	DATE OF BURTH		a RIGTHPI A	CE (State or Foreign
9a. FACILITY NAME (If not institution, give: Baltimore Cou	9	b. CITY, TOWN C	R LOCATION			9c. COUN	ty of death	н		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		7 4 2		TOWN OR LOCAT				Daz		I. INSIDE CITY
Maryland  100. STREET AND NUMBER			Bal	timore	. ZIP CODE			10g. CITIZ	EN OF WHAT	YES 2 NO
8612 Lucerne		EVER WILL 0. 404	a compa		21133		ORIGIN? (Specify Yes		SA	A
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1.2 IF YES, GIVE WA		IO	If yes, sp		Mexican,	Puerto Rican, etc.)	or No-	Black, Wi Specify:	American Indian, hita, atc. Black
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Gh	CEDENT'S US we kind of won Do NOT use n	RUAL OCCUPATION for during monetired.)	ON est of working		16b. KIND OF BUS	SINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) Homer Clopton							re Jones	. ,		
19a. INFORMANT'S NAME (Type/Print)  Irene Clopton							te Number, City or Tow Balto, I			}
20mMETHOD OF DISPOSITION 1		20b. PLACE (	OF DISPOSITI	Fores	metery, cremate	ory or	20c. LO	CATION — (	City or Town,	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE )	tt		Lero;	y O.	оғ ғасі. Dye		ı Fu	neral	Home
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	e on each line			ode of dying	j, such :	as cardiac or respi	ratory arro	est,	Approximata Interval Between Onset and Deeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or injury that initiated events resulting in death) LAST	if airy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition	ns contributing to	death but not r	resulting in	the underlyin	g cause giv	ren in Pr	PERFOI	RMED?	CO OF	ARE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/O do obligation 1.0		OTHER:	LACE OF DEA					
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da	NJURY	28b. TIME	OF 28c. IN.	JURY AT ORK?	1	Other (Specify)  28d. DESCRIBE HOW	NJURY OCC	CURED	a
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	ome, farm, str	eet, factory, offic	YES 2	-	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN										nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE  A LSWayguo					29c, LICEN	387	A7	29d, DATI	SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	01-	M 27) (Type, P		2477	1 6	EVERY	hosp	71/2	
31. DATE FILED (Month, Day, Year) SEP 3 0 1991 July Davidson-Randelle										



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Wilhelmina 4. SOCIAL SECURITY NUMBER

215-09-6607

Clara

1 M 2 X F

5. SEX

œ	90. FACILITY NAME (# not Franklin		street and number) e Hospital								
DIRECTOR	RESIDENCE OF DE	CEDENT		10	e. CITY, TOW				Darr		d. INSIDE CITY
DIRE	Maryland		ltimore	10	ori, tom		ullerton				LIMITS?
FUNERAL	19 Henry		2			10	1. ZIP CODE 21236			ISA	T COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dir	Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		1	If yes, s	CENDENT OF HISPANIC Decity, Cuben, Mexicon, S 2 NO Specify:		Yee or No- 1	4. RACE — Black, W	American Ind
COMPLETED		CEDENT'S EDI		(Give ki	ENT'S USUAL ind of work do NOT use retired	ne during m		16b. KIND OF	BUSINESS/INDU	STRY	
	12th grade			House	ewife				making		
מב ככ	George Tu			27			16. MOTHER'S NAME Mary	E (First, Middle, Mai	den Surneme)		
2	John A. T						and Number or Rural Rol Lia Rd. Ba			-	21236
	200 METHOD OF DISPOSI TEMBURIO 2 Crement 4 Donetion 6 Other		moval from State		DISPOSITION	(Name of ca	metery, cremetory or Cemetery	20c	LOCATION — CI altimor	ty or Town,	State
	23. PART I. Enter the ahook, or	Rect H	11 1/1 1/	sed the death.	ie	145	SAHP j	FH 74			Approximately interval
1	iMMEDIATE CAUSE (F disease or condition reaulting in death)		. Metastati			er					Onset an
CERTIFICATION	Sequantielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediata YiNG jury	c	S A CONSEQUE							
MEDICAL C	Chronic	: Obstr	one contributing to death ructive Pulm with Liver	onary [			ng ceuse given in Pr	PER	S AN AUTOPSY FORMED? S 2 NO	AM CC OF	ERE AUTOPSY AILABLE PRIO OMPLETION OF DEATH?
SICIAN: P	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	outpatient 3 🗆 i	DOA 4 1	ER:	PLACE OF DEATH (Check				
ву РНУ	27. MANNER OF DEATH  Natural 5  Accident	Pending Investigation	26e. DATE OF INJUR (Month, Day, Yea	TY 28	Bb. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCU	JRED	
ETED 8	• 🗆 • • • • • •	Could not be determined	28e. PLACE OF INJU building, atc. (S	JRY — At home, specify)	farm, street,	factory, offi	ce :	City or Town, S	reet end Number o tate)	or Rural Rout	e Number,
COMPLE	anal anny		SICIAN: To the best of my kn								nd menner ar
R	29b. SIGNATURE AND TITE	LE OF CERTIFI	) D.				29c. LICENSE NUMB	ER	29d, DATE	SIGNED (M	ogth, Day, Yea
10	30. NAME AND ADDRESS	1	HO COMPLETED CAUSE OF			1	1 Ave.	0 11		00	7/7

And Davidson Signature be

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

V OG EL

YRS.

6. AGE (In yrs. last birthday)

79

YEAR

3. TIME OF DEATH 9:00 a

10d. INSIDE CITY 1 YES 2 0 NO

14. RACE — American Indian, Black, White, atc.

intarvai Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Co.

6. BIRTHPLACE (State or Foreign

Maryland

2. DATE OF DEATH SEPT 25, 21991

Month. Day 1911

7. DATE OF BIRTH

6.171.17

PERIOD

P.O. BOX 68760,

DIVISION OF VITAL RECORDS.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	D.					
	1. DECEDENT'S NAME (First, Middle, Last)	WATHING	TON	70	2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		6151				
	216-78-3287	1×1 × 20 = 32		THE DAYS HOURS MIN.	(Month, Day, Year)	39	RTHPLACE (State or Fore				
	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATION OF	DEATH .	9c. COUNTY O					
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  MILLER WILLS											
2	10a. STATE 10b. COUNT			10d. INSIDE CITY							
	MA		Mill	ERSVILLE.	MA		LIMITS7				
	100. STREET AND NUMBER	PMILL CT		10f. ZIP CODE	5	10g. CITIZEN C	F WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVERTIN U.S.	ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	n or No — 11 B	ACE — American Indian				
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 ES 2 FYES, GIVE WAR OR DATES		If yea, specify Cuban, Mexi 1 TES 2 TO NO Spec	can, Puerto Rican, atc.)	0	lack, Whita, atc. pecify:				
	15. DECEDENT'S EDI	177-07-14 83 JCATION 16a.	DECEDENT'S USU	AL OCCUPATION	15h KIND OF BI	ISINESS/INDUSTR	LACK				
LETED	(Specify only highest grad Elementary/Secondary (0-12)	e completed)	(Give kind of work life. Do NOT use ret	done during most of working	Too. Kind or Bo	JOHNESS/INDUSTR	Y				
COMPL											
	17. FATHER'S NAME (First, Middle, Last)	H. WATLIN	in Trans		IAME (First, Middle, Malder	Surname)					
) BE	19a. INFORMANT'S NAME (Type/Print)	TI. WHILE	191. MAILING ADE	RESS (Street and Number or Rura	A OV	vn, State, Zip Code					
2	DORIS G. WA	TLINGTON	601 W	HEATMILL (	T MILLE	esville	MA 211				
	20a. METHOD OF DISPOSITION  1 Description 2 Cremation 3 Ran			SPOSITION (Name of	DATE 20c. LC	OCATION - City of	Town, Stata				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	22. NAME AND ADDRESS OF FACILITY  WILLIAM C, BROWN COMM. F/H										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest,  Approximate										
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	b. DUE TO (OR AS A CONS	CART	VA							
FICA	Cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A CONS	SEQUENCE OF:								
E											
	PART II. Other significant condition	ns contributing to death but an	t resulting in th								
EDICAL	SEVERE SO	2010		8 ABSCESSE	S PERFO	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DF CA				
MED	LUNA ABSCESS		UA AB		1 TYES	2 - NO	OF DEATH?				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only one) OTHER:								
Ä	1 YES 2 ONO 27. MANNER OF DEATH	1 Department 2 ER/Outpatient 26a. DATE OF INJURY	3 DOA 4 D	Nursing Home 5 Residence 28c. INJURY AT	6 ☐ Other (Specify)  26d. DESCRIBE HOW	IN HIERY OCCUPED					
2	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?  1 YES 2 NO		TOO					
2	3 Suicide 6 Could not be 4 Homicide detarmined	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	Dog OFFICIENCY										
COMPL	(Check only CERTIFYING PHYS	ICIAN: To the best of my knowledge, ER: On the basis of examination and/o	death occurred at	the time, data and place, end du	a to the cause(a) and ma	nner as stated.	-(-) 4				
	29b. SIGNATURE AND TITLE OF CERTIFIE		ganon, III	29c. LICENSE NU							
O BE	Anthee No	wonder 1	U.D	29C. LICENSE NO	MDCR	DATE SIGN	ED (Month, Day, Year)				
=	11-11-11/2	O COMPLETED CAUSE OF DEATH (IT					00111				
	Hypeel Vorand		11080	PITAL CON	IER, B	TOTI A	opt-				
	31. DATE FILED (Month, Day, Year)	Julia Daydon Hand	ell.								
- 1	OLF UU LEDI	7									

88 56 2 17

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

an.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
The control of the second of t	ounial	
Duip	the	
aften	Se as	
al Or	n Jo	
Sospit	ched	65
The T	deta	onc
6	pl De	at at
staine	shou	otiffe
De Z	ige 5	96 70
May	or, pa	ust t
age o	direct	E
E.	eral	mine
r oea	al fu	еха
S arre	by th	dicai
100	ed in	me
47	ation	the
MILI	Crem	vent
יכתופת	nd col	tic e
20	r to t	nma
Cate	hysici e prio	or tra
III Ia	ling p	oth
2000	rtal H	, or
n all	the i	nju
Char	ed by	any
COLUM	Sign	N.S
א ופל	been it. of	Sho
0	has Dep	ш 23
14.	ficate Stat	Ite
2	h the	d, 0
-	er this	arke
-	t: After	E SI
100	s after	28
1	DIR	item.
ξ	SA	20

BY

COMPLETED

BE

9

26526 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH SEPTEMBER 25, 1991 MARY-ALICE WARTH 2:30 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign AUGUST 14,1921 088-20-6372 1 M 2 XF DAYS NEW YORK 70 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. MARTINS HOME CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6150 REGENT PARK ROAD 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married FORCES? 1 YES 2 It yes, specify Cuben, Mexicen, Puerto Ricen, etc.) BY 3 Wildowed 4 Divorced 1 YES 2 X NO Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) REGISTER NURSE HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) LEO SCHWAB BE MARY-ALICE WAPEL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSE RAVITA (FRIEND) 6150 REGENT PARK ROAD, CATONSVILLE, MARYLAND 21228 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State NEW CATHEDRAL CEMETERY 4 Donetion 5 Other (Specify) 9/28/91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES nda 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enfor the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximats shock, or heert fallura. List only cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disasse or condition\_\_\_ resulting in death) vein DUE TO (OR AS A CONSEQUENCE OF) bmentles laslasis CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 2 Accident 5 Pending Investigation М 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 396. SIGNATURE AND WITE OF CENTIFIER 29c. LICENSE NUMBER

5404 EAST DRIVE, ARBUTUS, MARYLAND

LEVICKAS

0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

rez

29d. DATE SIGNED (Moght, Day, Year)

BALTIMORE, MARYLAND 21215-002 ours after death. Page 6 may be retained by the hospital or attending TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attend 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Jonathan Hibbs,

(M.D

9											91	26	527	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMEN	T OF H	DEAT	AND I	MENTA		E		0 2 7	
	1. DECEDENT'S NAME (First, Middle, Last			A 11D					2. DATE	OF DEATH	NY.	VEAR	3. TIME OF DEA	тн
	Thaddeu s				RZEJ	JEWSK	I		Sep	tember	28,	1991	4:00	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDI	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		8. BIRTHE Country	PLACE (State or F	oreign
	218-26-3917	XX M 2 D F	59	YRS.						5-1932			RYLAND	
<u>م</u>	9a. FACILITY NAME (If not institution, give				9b. CIT		OR LOCATI		EATH			NTY OF DE		
DIRECTOR	FRANKLIN SQUARE	HUSPITAL			L	ROS	SVIL	LE			Ba 1	timor	e Count	ty
l m	10a. STATE 10b. COUN		10c. CIT	Y, TOWN	OR LOCA							10d. INSIDE CIT	Y	
	MARYLAND BA	LTIMORE				vu	NDALI	K					LIMITS?	NO
FUNERAL	100. STREET AND NUMBER 852 JEANNETTE AV	'ENUE				101	. ZIP COD	212	22		10g. CIT	U.S	HAT COUNTRY?	
N	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S. A	RMED	13	. WAS DEC	ENDENT C	OF HISPAN	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indi	lan,
ΒY	1 Never Merried 2 XMarried 3 Widowed 4 Divorced		MAR OR DATES KOREA	NO			2 XXNO			Mican, etc.)		Spec/f)		=
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18a. D	ECEDENT'S	work done	during me	ON ast of workli	na	16	b. KIND OF BU	SINESS/IN	DUSTRY	0011216	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT us	se retired.	)								
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	2 YFAR	SLAC	COUNT	SE	RVIC						APER	BOX COM	(PAN
ECC	STANTSLAW ANDRZE	TEMOVE								Middle, Maiden	Surname)			
0	19a. INFORMANT'S NAME (Type/Print)	TEMSKI	ts	96. MAILING	AODRES	SS (Street a			WEB	EK aber, City or Tow	n. State Zis	n Codel		
5	LOVERNE C ANDRO	E TEMOKT		852						ALTIMO		/	AMD 21	222
	20a. METHOD OF DISPOSITION  1		20b. PLACE	ANDDATE	OF DISPO	SITION (No		LIVIUL	OA"			City or Tow		466
	4 Donation 5 Other (Specify)	novel from Stata	SACRF	ematory or o	RT	OF T	FSUS	CEM	10	12 BA	ITTM	ORF	MARYLAN	ID
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	11		22	. NAME A	NO ADDRE	SS OF FA	CILITY					
	- Charles	V. to	els							HOME DUNDA			1222	
	23. PART I. Enter the disasses, or	complications tha	t caused the d	asth. Do r	ot ente	r tha mo	da of dy	ing, suc	h ss car	diec or reapi	ratory sr	rest,	Approxim	ate
	ahock, or heart failura IMMEDIATE CAUSE (Final	List only one cat	use on each lin	<b>a.</b>									Onset and	
	disesse or condition resulting in death)	. Metast	atic Lu	ng Ca	nc e	r								
		DUE TO	(OR AS A CONSE	OUENCE O	F):									
O	Sequentielly list conditions,	b	(OR AS A CONSE	OHENCE OF	D.									
AT	if sny, leading to immediata cause. Enter UNDERLYING	00E 10	(OH AS A CONSE	OUENCE OF	r).									
표	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE OF	F):								1	
ERTIFICATION	resulting in death) LAST	d												
0	PART II. Other significent condition	na contributing to	death but not	regulting	lo the u	n do abilio		nhana la	Dord I					
MEDICAL			account but not	- counting	iii (iie u	moonym	a cansa i	Jiven in	rait i.	24s. WAS AN PERFOR	MEO?		WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
<u>a</u>					-				_	1   YES 2	X NO		OF DEATH?	
													1   YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL				_	26. PL	ACE OF D	EATH (Ch	eck only o	nel				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu	R:	e 5 🗆 Ra							
主	27. MANNER OF DEATH	28a, DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT	- I		SCRIBE HOW I	NJURY OC	CURED		
ВУБ	1 X Natural 5 Pending 2 Accident Investigation	(moren, o	ray, rear)	INJ	URY M		RK? res 2	] NO						
	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY — At he	ome, farm, s	treet, fe	ctory, offic			281. LO	CATION (Street a	and Number	or Rural Ro	oute Number,	
ETE	4 Homicide detarmined								Oily					
COMPLETED		SICIAN: To the best of												
Ö	one) 2 MEDICAL EXAMIN	ER: On the basis of a	xamination and/or	Investigatio	n, in my	opinion, d	eath occur	red at the	time, dat	and place, an	d dua to th	ne cause(a)	and manner as s	rated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R/12/11	1				29c. LICE	INSE NUN	REB		294L DAT	E SHINED	Morgh, Day, Year)	
TO B	MANUAL AND ADDRESS OF PERSON W	MUK	1								>7	128	191	

MPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

M.D. 9000 Franklin Square Drive Baltimore, MD. whie Savidson-Randage

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or atto.  Silved in by the funeral director, page 5 should be detached for use as its functionance permits or removal.  The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as in fundamental parties after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

				_							·		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH					91°	. TIME OF DEATH
		HAMBURGER	ADLE	R	9				26	)	11:20P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HF		DATE OF				ACE (State or Foreign
	218-01-6076	8-01-6076 1 M 2XXF 92 YRS.				DAYS	HOURS MI	IN.	(Month, Day, Year) Country)				
	9a. FACILITY NAME (If not institution, give	street and number)	72		9h CITY	TOWN C	OR LOCATION O	S DEATH	10-	0-90	8 Maryland 9c. COUNTY OF DEATH		
Œ	Roland Park Place							JE DEATH					ин
6	RESIDENCE OF DECEDENT	3			Bal	Ltim	ore				N	/A	
DIRECTOR	10a. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN O	R LOCAT	ION						Od. INSIDE CITY
5	Maryland N/A				ltimo								LIMITS?
4	10e. STREET AND NUMBER			Da	TCTIIIC	-							XXYES 2 NO
A						101	. ZIP CODE				109. CIT	IZEN OF WN	AT COUNTRY?
뿐	830 W. 40th St.						21211					USA	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED The	13. V	AS DEC	ENDENT OF NIS	SPANIC O	RIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, White, etc.
ВУ	XXVidowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 XXXX Sp	pecify:	erro mice	1, atc.)		Specify:	
ED 8		1											White
=	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(G	ive kind of s	USUAL OC	CUPATIO	ON st of working		16b. Kill	D OF BUS	INESS/IND	DUSTRY	
E E	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	e retired.)								
₽ I		4		]	Docer	ıt					Muse	um	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	S NAME (F	irst, Midd	e, Maiden	Sumeme)		
BE (	Benjamin Hambur	ger						Jean	nie	Van	Leer		
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Ru					Codel	
2	Margaret Cohen								rumou, v	nty or low!	i, otaro, zap	(0008)	
	20a. METNOD OF DISPOSITION		200 01 105										
	XX Buriel 2 Cremetion 3 Rem	noval from State	cametery, cre	matory or of	her place)	TION (Na	me of		DATE			City or Town	
	21. PINATURE OF FUNE AL SERVICE LI	and t	Uner	Sha						Bal	timo	re Ma	ryland
	Lames X Vincer	MAPM NIN	1-		22. N	AME AN	ID ADDRESS OF	F FACILITY	hall	-Wio	dofo	ld Ho	~~
- 1	Dennis Stephe	n Xenakis	M006	40	65	00.3							nd 21212
	23. PART I. Entar the diseases, pr	complications that	caused the de	ath Do n	nt enter t	he mo	de of dulan	oau	Date	HIIOL	e, M	aryra	
	ariock, Di liaart lanure.	List Dnly ons caus	e Dn aach iina		Di aingi i	ma mot	ua or uying, a	auch aa	cardiac	or respii	ratory arr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	M	( /		1	1							Onset and Death
	resulting in dasth)	. Ileta	1) textic		HIL	037C	car	CIN	ons	9			3 /4
		DUE TO (	OR AS A CONSE	DUENCE OF	):								
		b											
8	Sequentially list conditions	DUE TO (	OR AS A CONSE	DUENCE OF	):								
NOIT	Sequantially list conditions, if any, landing to immediate	202 10 1											
ICATION	if any, leading to immediata cause. Enter UNDERLYING	c											!
<b>LIFICATION</b>	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEC	DUENCE OF	):	-							
ERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSEC	DUENCE OF	):								
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c							1-1				
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c				erlylng	cause givan	in Part	1. 244	. WAS AN /		24b. W	ERE AUTOPSY FINDINGS
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c				erlylng	cause givan	in Part		PERFOR	MED?	Al Ci	MALABLE PRIOR TO OMPLETION OF CAUSE
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c				erlylng	cause givan	In Part			MED?	AN CH OI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c				erlying	cause givan	In Part		PERFOR	MED?	AN CH OI	MALABLE PRIOR TO OMPLETION OF CAUSE
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	c							1[	PERFOR	MED?	AN CH OI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	seath but not r	esulting I		26. PL/	cause givan		1[	PERFOR	MED?	AN CH	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES	d	seath but not r	esulting I	OTHER:	26. PL/	ACE OF DEATN	(Check on	1 [	PERFORI	MED?	AN CH	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES	d	Seath but not r	esulting I	OTHER:	26. PL/	ACE OF DEATN  5 □ Residen	(Check on	1 [ lly one) Other (Sp	PERFORI	MED?	All Ci	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES	DUE TO (d	ER/Outpatient 3 NJURY	DOA 28b. TIM	OTHER:	26. PL/ing Nome	ACE OF DEATN  5	(Check on	1 [ lly one) Other (Sp	PERFORI	MED?	All Ci	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATN  Natural 5 Pending Investigation  3 Suicide 6 Could not be	HOSPITAL:  1 inpetient 2 inpet	Seath but not r	DOA 28b. TIM	OTHER:	26. PL/ing Nome	ACE OF DEATN  5	(Check on	1 [ Other (Sp DESCRII	PERFORI	JURY OCC	All Ci	MALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 25000
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 100  27. MANNER OF DEATN  1 Natural 5 Pending investigation  2 Accident	HOSPITAL:  1 inpetient 2 inpet	ER/Outpetlent 3 NJURY , Year)	DOA 28b. TIM	OTHER:	26. PL/ing Nome	ACE OF DEATN  5	(Check on	1 [ Other (Sp DESCRII	PERFORI	JURY OCC	AN CHARLES	MALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 25000
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 28a. DATE OF II (Month, Ds)  28a. PLACE OF building, a	ER/Outpatient 3 NJURY (, Year) INJURY — At hote. (Specify)	DOA 29b. TIMMINJI	OTHER: OTHER: OTHER: OTHER: Murain Mu	26. PL/ing Nome 18c. INJU WOF 1 Y	ACE OF DEATN  5	(Check on 28d.	1 [ Other (Sp DESCRIE LOCATIO City or To	PERFORI YES TO SECULATE THE SECULATION OF THE NOW IN STREET AS A S	JURY OCC	A CI	MALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 25000
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28e. PLACE OF building, a	ER/Outpetient 3 NJURY — At hortc. (Specify) ny knowledge, de.	DOA 28b. TIMM INJU	OTHER: OT	26. PL/ ing Nome iBc. INJU WOF 1  You y, office	ACE OF DEATN  5	(Check on 28d.	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI III III III III III III III III I	MALABLE PRIOR TO MPLETION OF CAUSE P DEATH? YES 25000
PHYSICIAN: MEDICAL	if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   YES	DUE TO (d	ER/Outpetient 3 NJURY — At hortc. (Specify) ny knowledge, de.	DOA 28b. TIMM INJU	OTHER: OT	26. PL/ ing Nome iBc. INJU WOF 1  You y, office	ACE OF DEATN  5	(Check on 28d.	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI III III III III III III III III I	MALABLE PRIOR TO MPLETION OF CAUSE P DEATH? YES 25000
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (d	ER/Outpetient 3 NJURY — At hortc. (Specify) ny knowledge, de.	DOA 28b. TIMM INJU	OTHER: OT	26. PL/ing Nome t8c. INJ WOF 1  Yi y, office	ACE OF DEATN  5	(Check on 28d. 28d. 28f. due to the time,	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI I I I I I I I I I I I I I I I I I	MALABLE PRIOR TO MPLETION OF CAUSE P DEATH? YES 25000
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATN  2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined  29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE  29b. SIGNATORE AND TITLE OF CERTIFIER  29b. SIGNATORE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpetient 2   28e. DATE OF II (Month, Day) 28e. PLACE OF building, at the control of the best of note.	ER/Outpetlent 3 NJURY _ At horte, (Specify)  INJURY _ At horte, (Specify)	DOA 28b. TIME INJURY THE PROPERTY OF THE PROPE	OTHER: OF A PROPERTY M  M  d at the tim d, in my opi	26. PL/ing Nome t8c. INJ WOF 1  Yi y, office	ACE OF DEATN  5	(Check on 28d. 28d. 28f. due to the time,	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI I I I I I I I I I I I I I I I I I	MALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 20000  No Number,
COMPLETED BY PHYSICIAN: MEDICAL	if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATN  Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER Check only One) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WN	HOSPITAL: 1   Inpetient 2   28e. DATE OF II (Month, Day) 28e. PLACE OF building, at the control of the best of note.	ER/Outpetlent 3 NJURY _ At horte, (Specify)  INJURY _ At horte, (Specify)	DOA 28b. TIME INJURY THE PROPERTY OF THE PROPE	OTHER: OF A PROPERTY M  M  d at the tim d, in my opi	26. PL/ing Nome t8c. INJ WOF 1  Yi y, office	ACE OF DEATN  5 5   Resident  TRY AT  RC?  ES 2   NO  and place, end of  eith occured at  29c. LICENSE F	(Check or check 6 26d. 26d. 26f. dua to the time, NUMBER 7 6	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI I I I I I I I I I I I I I I I I I	MALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 20000  No Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATN  2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined  29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE  29b. SIGNATORE AND TITLE OF CERTIFIER  29b. SIGNATORE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inpetient 2 Inpet	ER/Outpetient 3 NJURY — At hortc. (Specify)  INJURY — At hortc. (Specify)  The properties of the prope	DOA 28b. TIMI INJI me, farm, a sth occurre investigation	OTHER: OTHER: OTHER: OTHER: Nursin OTHER: Nu	26. PLJ  26. PLJ  WOF  1  Y, office	ACE OF DEATN  5 5   Resident  TRY AT  RC?  ES 2   NO  and place, end of  eith occured at  29c. LICENSE F	(Check or check 6 26d. 26d. 26f. dua to the time,	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI I I I I I I I I I I I I I I I I I	MALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 20000  No Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATN  Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER Check only One) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WN	HOSPITAL:  1 Inpetient 2 Inpet	ER/Outpetlent 3 NJURY _ At horte, (Specify)  INJURY _ At horte, (Specify)	DOA 28b. TIMI INJI me, farm, a sth occurre investigation	OTHER: OTHER: OTHER: OTHER: Nursin OTHER: Nu	26. PLJ  26. PLJ  WOF  1  Y, office	ACE OF DEATN  5	(Check or check 6 26d. 26d. 26f. dua to the time,	1 [ DESCRIE	PERFORI YES  Pecify) PE NOW IN N (Street arvn, State)	JURY OCC	A CI OI I I I I I I I I I I I I I I I I I	MALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 20000  No Number,

TO THE REPORTEDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IN THE REPORTANCE II I MAN A FOR THE STATE OF TH
--

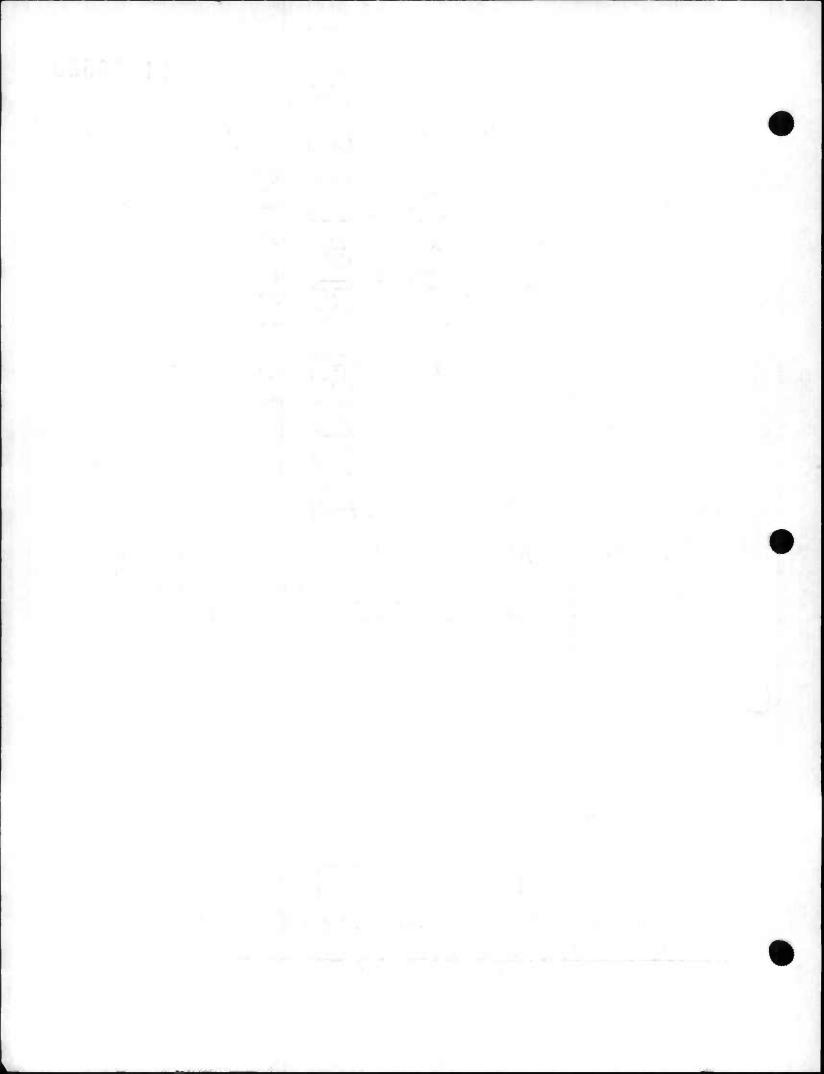
1 - FOR STATE REGISTRAR	STATE OF MARYLANI		RTMENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ADAM				2. DATE OF DEATH MONTH DAY 9-29-1991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219 - 76 - 1191	10 M 2 D + 53	s. lest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/05/37	MA	THPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give in the property of	NTER		BALTIA	10RE	EATH / / 9	e. COUNTY OF MARY	
RESIDENCE OF DECEDENT  10e. STATE  MD.  10e. STREET AND NUMBER	Υ	10c. CI	BALTIMO	RE			10d. INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER  708 NORTH CAREY  11. MARITAL STATUS	Y STREET		10	21223	1	US.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		NIC ORIGIN? (Specify Yea or in, Puerto Rican, etc.) y:	Spe	CE — American Indian, lick, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give Idnd of Illia. Do NOT u	S USUAL OCCUPATION work done during mouse retired.)	ON sst of working	16b. KIND OF BUSIN		LACK
				18. MOTHER'S NA	ME (First, Middle, Maiden Sur	name)	
196. INFORMANT'S NAME (Type/Print) MARY BURRIS		110-1	120-7-111-1-111		BALTIMORE,		
20e. METHOD OF DISPOSITION  1 \( \sum_{\text{Burtal}} \) Burial 2 \( \sum_{\text{Cremetton}} \) Cremetton 3 \( \sum_{\text{Ren}} \) Ren  4 \( \sum_{\text{Donation}} \) Donation 5 \( \sum_{\text{Other}} \) Other (Specify)		ACE ANO OAT	re of oisposition y or other place) CEMETER	(Name	OATE 20c. LOCAT	IMORE,	
21. SIGNATURE OF FUNERAL SERVICE LI		n	JOSEI	PH H. BRO	OWN JR. FUNE	RAL HO	
iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	a. DUE TO (OR AS A CO	line.	MASS		shes cerdlec or respirat		Approximats Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO				7.4		
PART II. Other significent condition	ne contributing to deeth but in	not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AN AU PERFORMI	107	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL			25 0	LACE OF DEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL:	nt 3 🗆 DOA	OTHER:		6 ☐ Other (Specify)		
27. MANNER OF DEATH  1. Netural 5 Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	IJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED	
3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specily)	At home, farm	, street, factory, offi	CO .	26f, LOCATION (Street and City or Town, State)	Number or Run	al Route Number,
(Critical Drilly	SICIAN: To the best of my knowledg						e(s) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Kharty-		MS.	29c. LICENSE NU	IMBER 2	Ped. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH		Li bell	i fredic	ul Centre	,	
31. DATE FILED (Month, Day, Year) OCT 0 1 1991	32. REGISTRAR'S SIGNATU	IRE					

Letta No

AND ADDRESS OF THE PARTY OF THE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law material the death death of attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL. DIRECTOR: After this certificate has been some by the annual transfer of the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. or were and Mental Propriet prior to burial, command or removal.	in by the funeral director, page 5 should be detached for use as the burial-trans removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

REGISTRAR	Aiddle Loot		C	ERIIF	ICATE	OF D	PEATH	_	REG. NO.		A THE OF SELECT
		rlotte		An.	AAI			2. DATE OF	DEATH DAY	7 2547	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE		. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF			THPLACE (State or Foreign
212-10-418	38 1	□ M 2 🕁 F	84	YRS.	MONTHS	DAYS F	HOURS MIN.	(Month, I	-1907	710	rvland
9e. FACILITY NAME (If not inst	itution, give stree	t end number)	<u> </u>		9b. CITY, T	TOWN OR	LOCATION OF			COUNTY OF	
St. Josephs	Hospi	tal			Ba:	ltin	nore			Balto	)
	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	N			-	10d. INSIDE CITY
Maryland	Balto				TOT	wson	1				LIMITS?
10e. STREET AND NUMBER  3 0 5 5  11. MARITAL STATUS							IP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
305 3	oppa				1000		21204			U.S	S.A
11. MARITAL STATUS  1-2 Never Married 2 N		2. WAS DECEDENT FORCES?	T EVER IN U.S. A	RMED NO				ANIC ORIGIN?	(Specify Yee or I can, etc.)	to— 14. RA Bit	CE — American Indian, ack, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE	YES 200		1 (	YES 2	TONO Spec	city:		Sp	White
	DENT'S EDUCAT	TION	16a. D	ECEDENT'S	USUAL OCC	CUPATION	of uncline	16b. K	IND OF BUSINE	SS/INDUSTRY	
15. DECEI (Specify only Elementary/Secondary (0-1 1 1 th	1	College (1-4 or 5	+)	b. Do NOT u	work done du se retired.)	any most	or working				
11th				Sec:	retar	-				. Sto	re
		d = w =							ddie, Meiden Sum	0.33	
104 INFORMANT'S NAME /To	B- A	uams	1	9b. MAILING	ADDRESS /	(Street and			e Ber	-	
George P-	Adam	S			Contraction.						17602 er,Pa.
200. METHOD OF DISPOSITIO		dan Bart	20b. PLAC	E AND DAT	E DF DISPO	SITION (A		DATE	_	ON — City or	
1 G Burlel 2 Cremetion 4 Donation 5 Other	Specify)				or other pla int (		atory	10/1/	91 B	alto.	.Md.
21. SIGNATURE OF FUNERAL	SERVICE LICEN	ISEE			22. N		ADDRESS OF				
e Ta	Itley)	200	~			наг	***		r Fun	eral	Home
23. PART i. Enter the dis	eases, Dr CDf	npilications the	et caused the duse on each ilr	leath. Do	not enter t	the mode	of dying, se	uch as cardie	oc Dr respirato	ory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine					Λ				11-1		Onset and Death
diseese or condition resulting in deeth)	<b>▶</b> s	ACU				rus	IAL		NFAI	CCTIC	ONE
		COA	OR AS A CONS	EQUENCE	PF):	1	LEAY	17	FA	iLU	INE
Sequentially list condition if any, lesding to immed		DUE TO	O (OR AS A CONS	EOUENCE C	F):		CATI	<u> </u>		100	/4
cause. Enter UNDERLYIN CAUSE (Disease or Injur	IG	RE	NAL	1	NS	UF	FICI	ENC	34		
thet initisted events resulting in deeth) LAST		DUE TO	(DR AS A CONS	EOUENCE &	F):						
Sequentially list condition if any, leading to immed cause. Enter UNDERLYING CAUSE (Disease or Injurthet initiated events resulting in deeth) LAST	d										
PART II. Other significan	t conditions	contributing to	death but not	resulting	In the und	derlying	ceuse given	in Part I.	24a. WAS AN AUT		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									1   YES 2		COMPLETION DF CAUSE OF DEATH?
											1 TYES 2 NO
OF HAS CACE OFFICE	MEDICAL										
25. WAS CASE REFERRED TO EXAMINER?  1 TYPES 2 NO  27. MANNER OF DEATH	1	HOSPITAL:	☐ ER/Outpatient	2 🗆 201	OTHER	:		(Check only one)			
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. Til	ME OF	28c. INJUI	RY AT	28d. DESC	(Specify) RIBE HOW INJU	RY OCCURED	
	Pending nvestigation	(Month,	Day, Year)	IN	JURY M	WOR					
2 Sulate	could not be	28e. PLACE building	OF INJURY — At I	home, farm,	street, facto	ery, office			TION (Street and Town, State)	Number or Run	el Route Number,
4 Homicide d	etermined							5, 6.			
	FYING PHYSICI	AN: To the best of	of my knowledge,	death occur	red at the tin	me, date a	nd place, and d	fue to the caus	e(e) end menner	es stated.	
one) 2 MEDIC	CAL EXAMINER:	On the basis of	examination end/o	r investigati	on, in my op	oinlon, des	nth occured at 1	the time, date e	end place, end d	ue to the caus	se(e) end manner as stated.
29b. SIGNATURE AND TITLE	DF CERTIFIER	mD					29c. LICENSE	NUMBER 2	V ( 21	d. DATE SIGN	NED (Month, Day, Year)
	b, /	14		Eu an a	a Defeat		10	() 0	00	7'	29.1991
20 NAME AND ADDRESS OF	DEDECM WIND	COMPLETED OF									
30. NAME AND ADDRESS OF	PERSON WHD	COMPLETED CA	ST. T	7	PH	140	SOITA	( -T	OULC	NI	MN ZIZOU
CEBALLO: 31. DATE FILED (Month, Day, )	5 M	32. REGISTE	ST. J	OSE	PH	140	SPITA	CT	12Wo	ON,	MD ZIZOY
CEBALLO: 31. DATE FILED (Month, Day, )	5. M.	32. REGISTE	ST. J	OSE	PH	140	SPITA	CT	ows	ON,I	MD ZIZOY



Albert

1 XM 2 - F

5. SEX

ALFRED BERNARD

64

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-20-3333

31. DATE FILED (Month, Day, Year)

	COLOTOIG
4.00	TA CTIMITY VO CTY
	7 101100 70 04
	-

7. DATE OF BIRTH (Month, Day, Year) April 2, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 1640 Gleneagle Ro. RESIDENCE OF DECEDENT DIREC 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1640 Gleneagle Rd. 21239 Page 6 may be retained by the hospital or attending physician. al director, page 5 should be defached for use as the buriar bansit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced E 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Y Elementary/Secondary (0-12) 12 Years Vehicle Maintenance Baltimore County COMP 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Bernard Bittner, Sr. Marie A. Miller notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janet E. Bittner 1640 Gleneagle Rd. Baltimore, Md. pe 28b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must Parkwood Cemetery Baltimore, examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. James F. Burnside, Jr. 6500 York Rd. Baltimore, Md. by the free medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, n and completely filled in by to burial, cremation, or remo shock, or heart fellure. Liet only one cause on each line **IMMEDIATE CAUSE (Fine)** the disease or condition\_ range event, resulting in death) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TES 2 NO PHYSICIAN: TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL OHECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is 26. PLACE OF OEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN; To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of e ition end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner se atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 120398 9 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 Loch Raven Blvd. Davis M. Hahn, M.D. Baltimore, Md.

32. REGISTRAR'S SIGNATURE

relia Davidson

Randa 60

**CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR IF UNDER 24 HRS.

BITTNER, JR.

91 26531

1991

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify.

USA

1927

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY 1XXYES 2 NO

14. RACE — American Indien, Black, White, etc.

White

Maryland

21212

Approximete

6 mo

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 - YES 2 -NO

29d. DATE SIGNED (Months Day, Year)

30

4

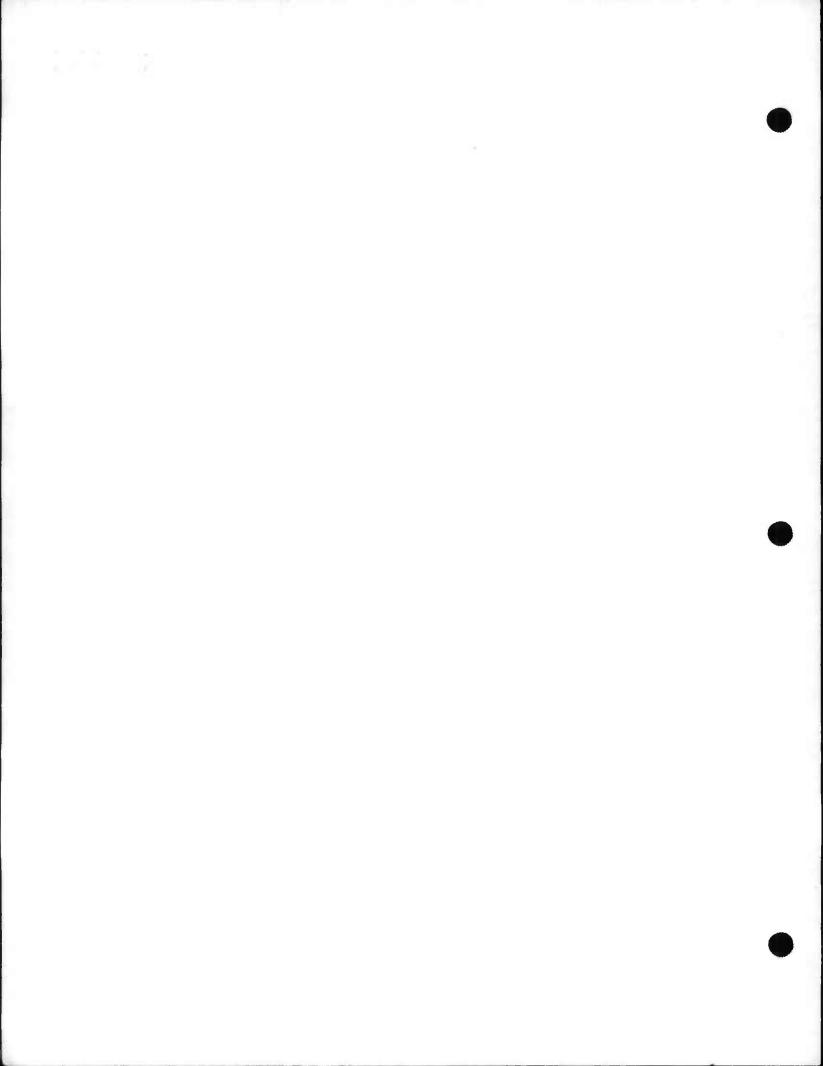
AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Between Onset and Death

7:30 AM

2. DATE OF DEATH

Sept. 30,



-	E
-	3
	be notified a
	-01
	must
19	examiner must
n, or remove	medical
ou,	he
bunal, cremation	RTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
una	9
9	E
Duor	Ta
I within 72 hours after death with the State Dept. of Health and Mental Hygiene prior	other
10	0
d Men	Injury.
an a	=
Health	WS 3
6	Sho
Dept	23
State	Item
the	0
MICH	ked,
death	шаг
mer	00
IS a	E
ğ	윤
77	딃
within /	HTAN

_	HEGISTHAH		CERTIF	ICATE O	F DEATH	REG.	NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT			. TIME OF DEATH
	Linda.	M REAL	VETT- S	115/1	1571d	MONTH	DAY	YEAR	1230 1104
	4. SOCIAL SECURITY NUMBER	5. SEX 6. 8. AGI	1011 0	JUCK	LUS	9-	-7		1 4 10000
	210 011 1001	1	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, You	10	B. BIRTHPL Country)	ACE (State or Foreign
	018-89-6009	1 M 2 F	30 YRS.		MOORS WIN.	AUG1	1961	RAI	70 mb
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT	Y OF DEA	TH
Ĕ.	BAITO, CO G	ISN. HOK	1	n	11-11-12	015	n		
K	RESIDENCE OF DECEDENT	0111/05		100	2/1/1101	00	1217	216	o. co.
DIRECTOR	10a, STATE 10b, COUNTY	Y	10c. CIT	, TOWN OR LOC	ATION			Τ.	Od. INSIDE CITY
<u> </u>	macy and By	4-TO 10		BAIT	i manage			Ι'	LIMITS?
	111111111111111111111111111111111111111	010.00		111/1	more			1	YES 2 NO
Z.	10e. STREET AND NUMBER	1 000	000	_	of. ZIP CODE		10g. CITIZI	EN OF WH	AT COUNTRY?
FUNERAL	7 HASPERT	KUAD	HIT. E	-	2/12	6	unn	101)	STATES
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS D	CENDENT OF HISPAN	IIC OBIGIN2 (Specific	Yea or No	4 BACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cubarr, Mexica	n, Puerto Ricen, etc.	)	Bleek, 1	White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 - YI	S 2 NO Specify	e		Specify:	1.75
0	15. DECEDENT'S EDU	CATION						UT	112
COMPLETED	(Specify only highest grade	completed)	16e. DECEDENT'S (Give kind of v	rork done during i	TION nost of working	16b. KIND OF	BUSINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	1.001				
를	12		1176	EC	LEKK				
Ö	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Ma	iden Sumame)		
	JAMES G	RENINE	77		BIST	TV /	ea	nu.	CLAPT
BE	19a. INFORMANT'S NAME (Type/Print)	10000	Jan Manana		201	1 -	Chi		17/6/
2	Emmile 1	Propie	19b. MAILINO	ADDRESS (Street	and Number or Rural F	Poute Number, City or	Town, State Zip C	lode)	
	PARILIVY	HURDS	11	ME	4>	1150	res		
	METHOD OF DISPOSITION		D. PLACE AND DATE O		Vame of	DATE 200	LOCATION — CI	ty or Town	. State
	1   Hurlat 2   Cremation 3   Rame 4   Donation 5   Other (Specify)	ovat from State	emetery crematory or of	her place	VIN MI	Des 2/2/	nor VIS	VSIMI	15 m)
- 1	21. SIGNATURE OF KUNERAL SERVICE LIC	ENSEE	DUCHTIN	22. NAME	AND ADDRESS OF FAC	1124	CCFE	2010	u, 110.
	. 1011	0	1.	£1/	AND ADDRESS OF FAC	20057	6F 1	244	m55
	Money	N F.	min	22	25 1/2	0/0)		200	Cum
	23. PARY . Enter the diseases, Dr	pmplications that could	7 000-	01.7	or car	7-14)	1111	100	10111
- 1	shock, or heart fellure.	Liat Dnly One cause of	aach iine.	ot enter tha m	loda of dying, suci	n as cerdiac or n	espiratory arres	st,	Approximate
1	IMMEDIATE CAUSE (Fine)	2	4						Intervel Between Onset and Death
	disease or condition	mater	11:21	/	1 do				
ı	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	ung 1	Tuno	careine	ma		
_		( /	A GONGLOGENGE OF	, ,					
CERTIFICATION	Sequentially list conditions,	b							
Ē	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	):					
2	CAUSE (Disease or injury	c							
느	that initiated events	DUE TO (DR AS	A CONSEQUENCE OF	):					
E	resulting in death) LAST	4							
2									1
7	PART II. Other significent condition	a contributing to deeth	but not resulting in	the underlyi	ng ceuse given in I	Part I. 24e. WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL						PER	FORMED?	A	MILABLE PRIOR TO
0						1 _ YES	3 2 NO		F DEATH?
Σ							/ \	1	□ YES 2 NO
ž I									
4	25. WAS CASE REFERRED TO MEDICAL			26. [	PLACE OF DEATH (Che	ck only one)			
S 1	EXAMINER?	HOSPITAL:		OTHER:	ENDE OF BEATH TORE	CK ONLY ONE)			
×		1 Vinpatient 2 ER/Out		4 - Nursing Ho	me 5 - Residence	B ☐ Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME		JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
B	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y At home, farm, st	reet, factory, off	Co	281. LOCATION (STA	set and Number or	Burnt Bour	to Atumber
COMPLETED	4 Nomicide determined	building, etc. (Spe	ecity)			City or Town, St	lete)	rioral rious	ie Number,
<u> </u>									
릴	(Check only	CIAN: To the best of my know	wledge, death occurre	d at the time, det	e and place, and dua	to the cause(s) and	menner as stated		
8	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on and/or investigation	, in my opinion,	death occured at the t	time, data and placa	and due to the	cause/s) si	hetele se rennem br
	29b. SIGNATURE AND TITLE OF CERTIFIER								The man as stated.
8	236. SIGNATURE AND TITLE OF CERTIFIER		01.		29c. LICENSE NUM	BER	29d. DATE S	GIGNED (M	onth, Day, Year)
2	su mengu	D House	- timbers		D36	186	1 9	27	191
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)	4 -	4	-	-/	/ - /
- 1	Sigli Pi	2 4. D P 11	1	a +/	1 10		Parl	1/-1	
1	DIE GIRMA FILME	WII LAIL	7 hrs 1 1	77 1 2 1 1 2	and the same of the				
	31. DATE FILER (Month, Day, Year)	32. REGISTRADIS CO	7 move U	oury C	sense Mo	4271	Number	Hon	54021136
	31. DATE FILER (HOM), Day, Your) 1991	32. HEGIGTRADES SIGN	NATURE CANALON	ouve C	remot 110	total !	Nunuari	Hon	- 14021136
	31. DATE FILES (MONIA Day, Year) 1991	32. HEGIGTRARIS SIGN	7 Marc C	ouvig 6	remot 170	42.70-1	1	Bron	- 4021136

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit period within Z hours after death with the State Dept. of Health and Mental Hyghere prior to bunal, certainon, or removal.
---

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECFDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH Mr. Rodney M. 20 12:06 P Byrd 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 | F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH DIRECTOR University Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 606 Baker Street 21217 U.S.A. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 1 TYES 2 TINO Specify Black COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernestine Stanley Alexander Byrd BE 190. INFORMANT'S NAME (Type/Print) Ernestine Byrd 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 606 Baker Street Balto., MD. 21217 20s. METHOD OF DISPOSITION

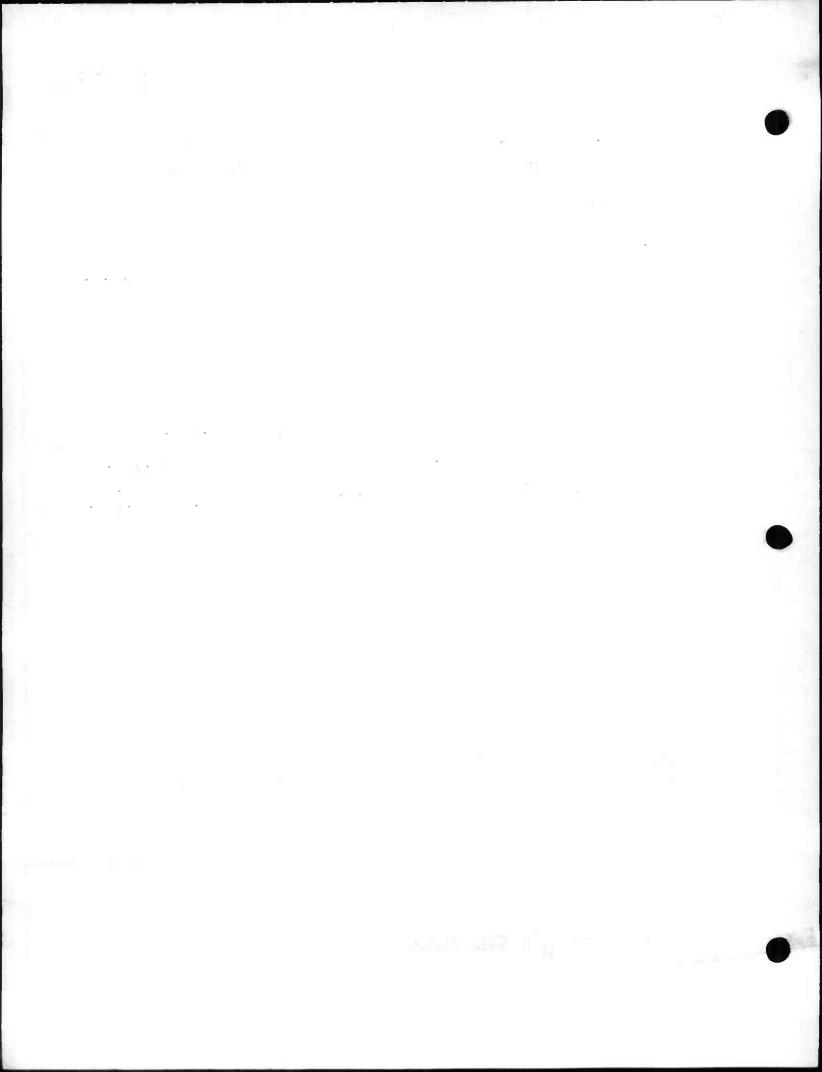
XOXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 28c. LOCATION — City or Town, State DATE commy.comm210th Cemetery9-21-91 4 Donation 6 Other (Specify) Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY 1721-27 N. Monroe E.L. Phillips F/H<sub>St.</sub> Balto., MD.21217 22. NAME AND ADDRESS OF FACILITY #281 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such ae cardiac or reepiratory arrest, ehock, or heert fallura. List only one ceuse on each line. intervel Between Onset and Death **IMMEDIATE CAUSE (Final** diseese or condition recuiting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events regulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL: OTHER: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE rech D41527 20 0 91 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore outh Street

34, REGISTRAP'S SIGNATURE

MA



FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

Laura

Butler

ó	with	
1314	executed	
K	2	
20	tificate	
Ö	8	
7	death	
5	the state	
F	that	
SECO.	requires	
	N.	
4	The	
ON OF VITAL RECORDS, P.O. BOX 13146,	NDING PHYSICIAN: The law requires that the death certificate be executed with	
o o	NDING	

~	220-12-6681 1 M 2 G/F 100 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 891 Country of Regining  9a. FACILITY NAME (If not institution, give street and number)  DEATH HOSP & MEdical Center Bally.  Bally.  Bally.									
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  MD.		10c. CITY, TO	DWN OR LOCATION	6	///	10d. INSIDE C			
	100. STREET AND NUMBER 1111 Park Ave	nue	Bal	timore Cit			10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, CIVE WAR OR	S 2 700	13. WAS DECENDENT OF H If yes, specify Cuban, N 1  YES 2 70 NO	IISPANIC ORIGIN? (S fexican, Puarto Rica	pecify Yea or No— 14 n, etc.)	u.S.A. a or No- 14. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Etementary/Secondary (0-12)		Ilfa. Do NOT use re	done during most of working		or Business/Indus				
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel L	ee			is name (First, Middl IIIIe					
10	19a. INFORMANT'S NAME (Type/Print) Elaine Nolan		195 MAILING AD	Park Avenu	Rural Route Number, Cle Balto	Oity or Town, State, Zip Co., MD. 21	.201			
	29e. METHOD OF DISPOSITION 1' Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Arbuitus M	on (Name of cometer), cromator emorial Pa	rk	20c. LOCATION — CIT Arbutu	s,MD.			
	21. SIGNATURE OF FUNERAL SERVICE	Hector Licensee	#281	E.L.Phill	of FACILITY ips F/H	1721-27 St.Balto	N.Monr			
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions,	a. ASAI  DUE TO (OR AS  b. Athen  OUE TO (OR AS	TO HOM  A CONSEQUENCE OF):  US CLETO HO  A CONSEQUENCE OF):  ESTILE HEAD  A CONSEQUENCE OF):	preumonia heam - c or feullum	disense					
ERTIFICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	d. Dene	entiq_	0						
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d. Deme	nha		en in Part i. 24	B. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1  YES 2			
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant conditi	d. Deme	but not resulting in t	he underlying cause give 28. PLACE OF DEAT	en in Part i. 24	B. WAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILABLE PRICOMPLETION OF DEATH?			
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditi  Decubilitio V  25. WAS CASE REFERRED TO MEDICAL	d. Dense ons contributing to death CCCS  HOSPITAL: 1   Inpetient 2   ER/Os  [ 28a. DATE OF INJURY (Morth, Day, Year,	but not resulting in t	28. PLACE OF DEAT THER: Mursing Home 5   Raeld WORK? M 1   YES 2   N	en in Part I. 24	B. WAS AN AUTOPSY PERFORMED? YES 2 NO	AMAILABLE PRICOMPLETION OF DEATH?  1 YES 2			
ED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  Decubling  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d. Jene ons contributing to death lCCC HOSPITAL: 1   Inpatient 2   ER/OL 28a. DATE OF INJUR' (Month, Day, Year	but not resulting in t	28. PLACE OF DEAT THER: Mursing Home 5   Raeld WORK? M 1   YES 2   N	en in Part I. 244  1    1    1    1    1    1    2    1    2    2	B. WAS AN AUTOPSY PERFORMED?  YES 2 NO	AMAILABLE PR COMPLETION OF DEATH?  1 YES 2			
ED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  Decubling  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could not a determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	d. Jewe ons contributing to death CCC  HOSPITAL: 1   Inpatiant 2   ER/Os (Morith, Day, Year) 28a. PLACE OF INJURY 28a. PLACE OF INJURY	but not resulting in to state the state of t	26. PLACE OF DEAT THER: THURSHIP HOME 5   Resident of the time, deta and place, are the underlying to the time, deta and place, are the underlying to the time, deta and place, are the underlying to the time, deta and place, are the underlying to the underlying	en in Part I. 244  1    1    1    1    1    1    2    1    2    1    2    2	a. WAS AN AUTOPSY PERFORMED? PERFORMED? NES 2 NO Decity) BE HOW INJURY OCCU OWN, State)	AMAILABLE PR COMPLETION OF DEATH?  1 YES 2  RED  Rural Route Number,			
D BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  Decubling  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could not a determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	d. Jene ons contributing to death lcc.  HOSPITAL: 1   Inpatient 2   ER/Ou  28a. DATE OF INJUR' (Month, Day, Year building, etc. (S)  (SICIAN: To the best of my known on the best of axaminst	but not resulting in to state of the state o	28. PLACE OF DEAT THER: Advantage Mome 5 Reside  28. INJURY AT WORK? 1 YES 2 N  1, factory, office  29. LICENS 20. LICENS	En in Part I. 244  1   1    If (Check only one)    Ience 6   Other (St.    28d. DESCRI  40   28f. LOCATIC  City or R  and due to the cause( st the time, data and  SE NUMBER  1, 4944	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  Decily)  BE HOW INJURY OCCUP  ON (Street and Number or own, State)  a) and menner as stated of place, and due to the of the original of the original of the original origi	AMAILABLE PR COMPLETION OF DEATH?  1 YES 2  RED  Rural Route Number,  Cause(a) and menner ( SIGNEO (Month, Day, M			

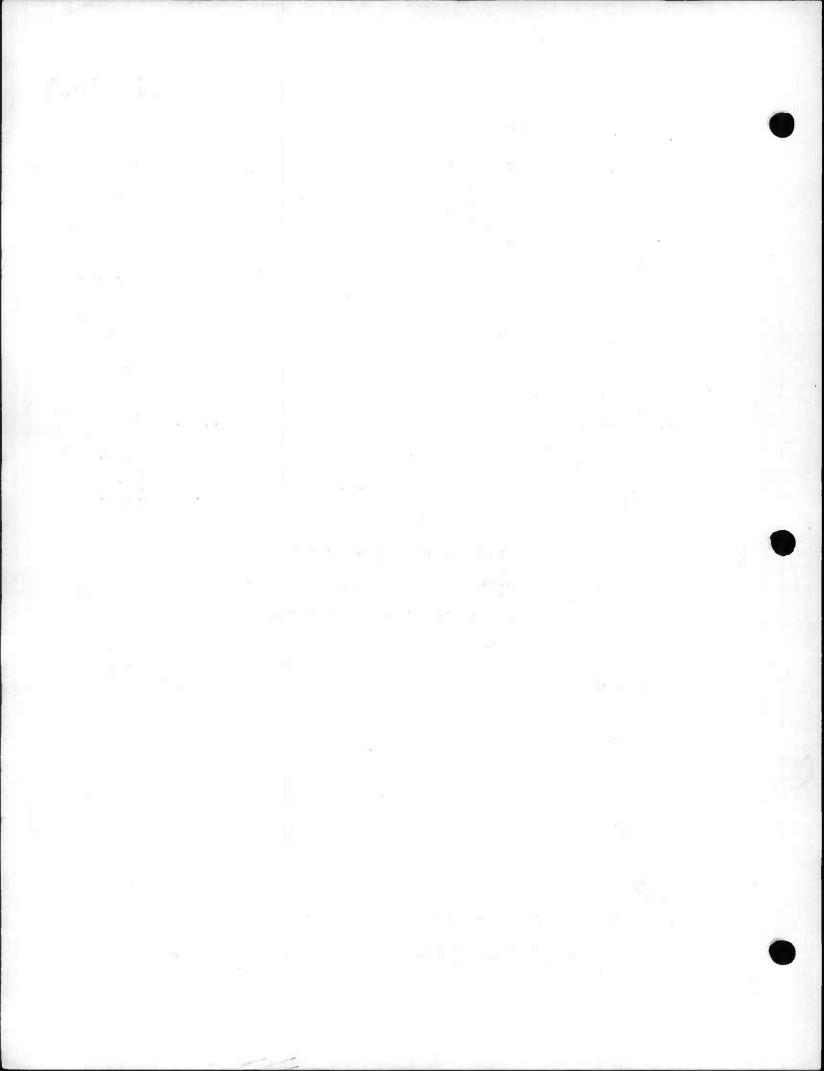
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

26534

DHMH-18 Rev 1/89

YEAR

2. DATE OF DEATH DAY 9 26 191



1 15

F

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATE	OF	DEA	TH		REG. NO			
	TRACEY	L.		BROW	N				SEP		25	YEAR 1991	6:50 p.m
	4. SOCIAL SECURITY NUMBER 212-92-3949	5. SEX	6. AGE (In yrs. 17	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7, DATE	OF BIRTH			ACE (State or Foreign
3	Se. FACILITY NAME (If not institution, give :				9b. CITY, TOWN OR LOCATION OF DEATN					9c. COUNTY OF DEATN			
DIRECTOR	THE JOHNS HOPKIN	S HOSPITA	L		BALTIMORE CITY				BALTIMORE			RE CITY	
JEC	10a. STATE 10b. COUNT	Υ		18c, CI1	HTY, TOWN OR LOCATION							Dd. INSIDE CITY	
	MD			BA	LTIM	ORE						1	LIMITS?
FUNERAL	100. STREET AND NUMBER 1209 E. PRESTO	N STREE	т			101	2121	_					AT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13. V	WAS DEC			AIC OBIGI	N? (Specify Yes		I.S.A	American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2	NO	11	yea, sp	ecify Cubi	ın, Mexica	in, Puerto	Rican, atc.)	Gr No-	Black, V	BLACK
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)		Give kind of the. Do NOT u	USUAL OC	CUPATIO	ON ist of world	ing	164	. KIND OF BU	SINESS/IND	USTRY	
COMPLET	9 T H  17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5		NEMPI			Stud	ent					
BE CC	HARRY A. BROWN	l					HE	LEN	SPA	RKMAN			
5	198. INFORMANT'S NAME (Type/Print) HARRY BROWN			1209	Ε.	PRE	ST0	N S	Aoute Num		IORE,	MD	21202
	20a. METNOD OF DISPOSITION  1		20b. PLAC	E AND DATE	of DISPOSI	ME T	ERY		DAT			INE,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		_			MAR			/1101	Ε.	NORT	H AVE.
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Al	se on aach III	ACQUII	RED I					diac or reap		est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algorificent condition	a contributing to		resulting	In the uno	derlying	) cause	given in	Pert I.	24s. WAS AN PERFOR 1 YES 2	MED	AN CC Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 DI	ACE OF D	EATH ///	nok out	nel .			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:							
РНУ	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF (Month, Da		28b. TIM	-	28c. INJU	URY AT		-	CRIBE NOW I	NJURY OCC	URED	
>	2 Accident Investigation	ome, farm,	street, facto	ry, office			28f. LOC City	ATION (Street a or Town, State)	and Number	or Rural Rout	e Number,		
TED BY	3 Suicide 8 Could not be determined	building,	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	4 Nomicide determined  29a. CERTIFIER (Check only	CIAN: To the best of											rd manner as stated.
BE COMPLETED	4 Nomicide determined  29a. CERTIFIER (Check only	ICIAN: To the best of					eath occur		time, data		d due to the	cause(a) ar	orth, Day, Year)
E COMPLETED	29s. CERTIFIER 1 CERTIFYING PNYSI One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of ER: On the best of ER:  M. D.  O COMPLETED CAUS	temination and/o	Z%Z	m, in my op		eath occur	red at the	time, data		d due to the	cause(a) ar	



and all the state of

notified at

pe

must

30	gi		9
TO THE HISPITAL OF THE WIND PROBLEM. The law requires that the death certificate be executed within 24 nouns after death. Page	TO THE FUNE FALL DESCRIPE AND THE PARTY AND THE BASE OF THE ATTENDED PHYSICIAN AND COMPLETE MILED IN DV. THE VANDERED HIS OFFICE AND THE VANDER HIS OFFICE AND THE VAN	_	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
after	y the	nova	cal
SUS	lin t	or reg	nedi
24 1	fille	ion,	he
within	npletely	be find within 72 hours that the most with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	rent, 1
petri	Loon	irial,	10 0
exec	and r	to bu	mat
e pe	Sicial	nior	trau
rtificat	ng phy	giene p	other
th ce	endi	II Hy	-0
dea	ne att	Nerta	E S
at the	by th	put	III /
s the	peul	alth a	an
quire	n Sig	of He	NOW!
W LE	s bee	pt. c	3 8
he L	e has	e De	m 2
100	cat	Stat	i e
SICA	8	6	1,0
E	1	が	륍
8	ě	degl	Ē
1	鼠	ì	28
쀻	ij	'n	E
Pal	3	Ē	Ξ
<b>USP</b>	SMER	<b>Dir</b>	H
W H	南田	N pa	SET OF
10	11.0	9e f	E
_	_	20	-

31. DATE FILED (Month, Day, Year)

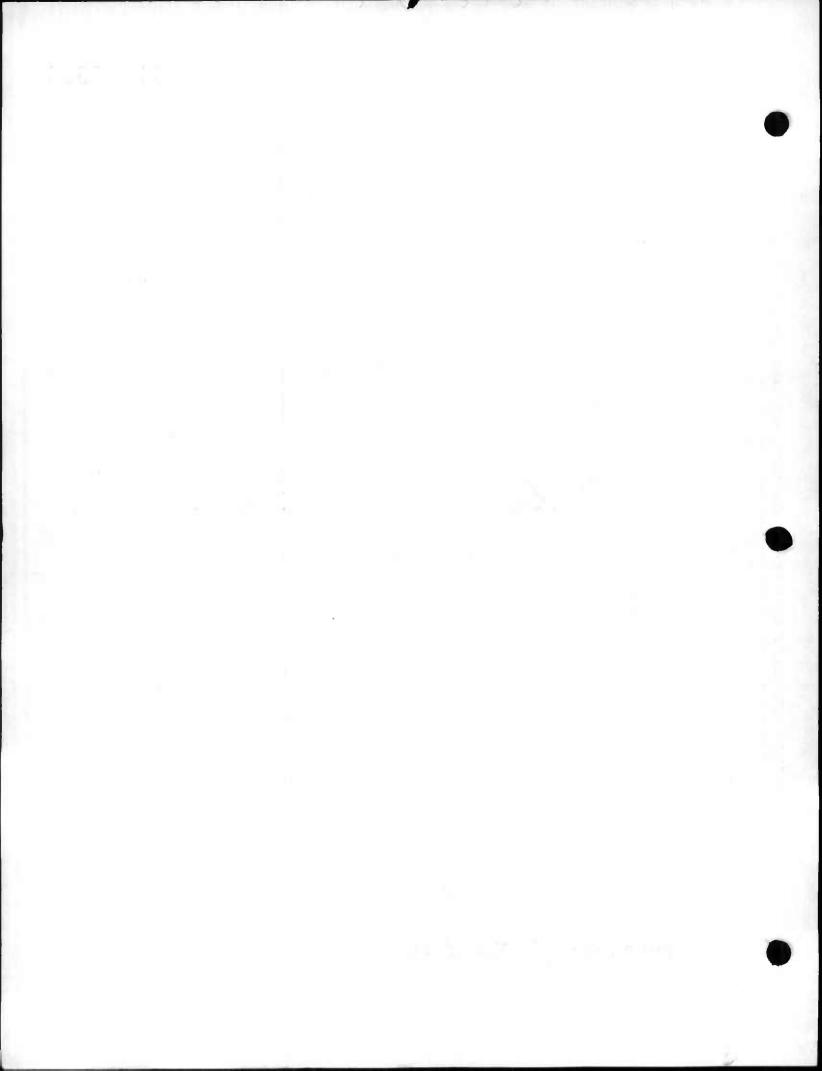
OCT 01

1991

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 28 DAY Doris 9 Harley Baskerville 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign 9-4-1924 1 M 2 X F North Carolina 67 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1800 Hollins Street 21223 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 💢 Widowed 4 🗌 Divorced Black COMPLETED 15. DECEOENT'S EQUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Laundry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname James Harley BE Lilly Harley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4312 Danlow Drive, Baltimore, Md. 21207 <u>Valencia Baskerville</u> 20a. METHOD OF DISPOSITION
1 [X] Burlat 2 Cremation 3 Real Donation 5 Other (Specify) 10/2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Arbutus Memorial Park Baltimore, Md 21. SIGNATURE OF FUNERAL DEFINICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
William C. Brown Community Funeral Home Þ 1206-08 W. North Ave. Baltimore, Md.21217 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or haart failure. List only ona cause on each ilna. intarval Between **IMMEDIATE CAUSE (Final** Onsat and Dasth disease or condition GAS MOINTESTNAL SAME DAY resulting in death) OUE TO (OR AS A CONSEQUENCE OF): SOPHALEM CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING -11 MOSIS CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 4 Nursing Homa 5 Realdence 6 Other (Specify) ER-MENCY 27. MANNER OF DEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1- CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Hors en MO 030880 30 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LAKTANOL SCHEZIBEN 301 5.5 AUL

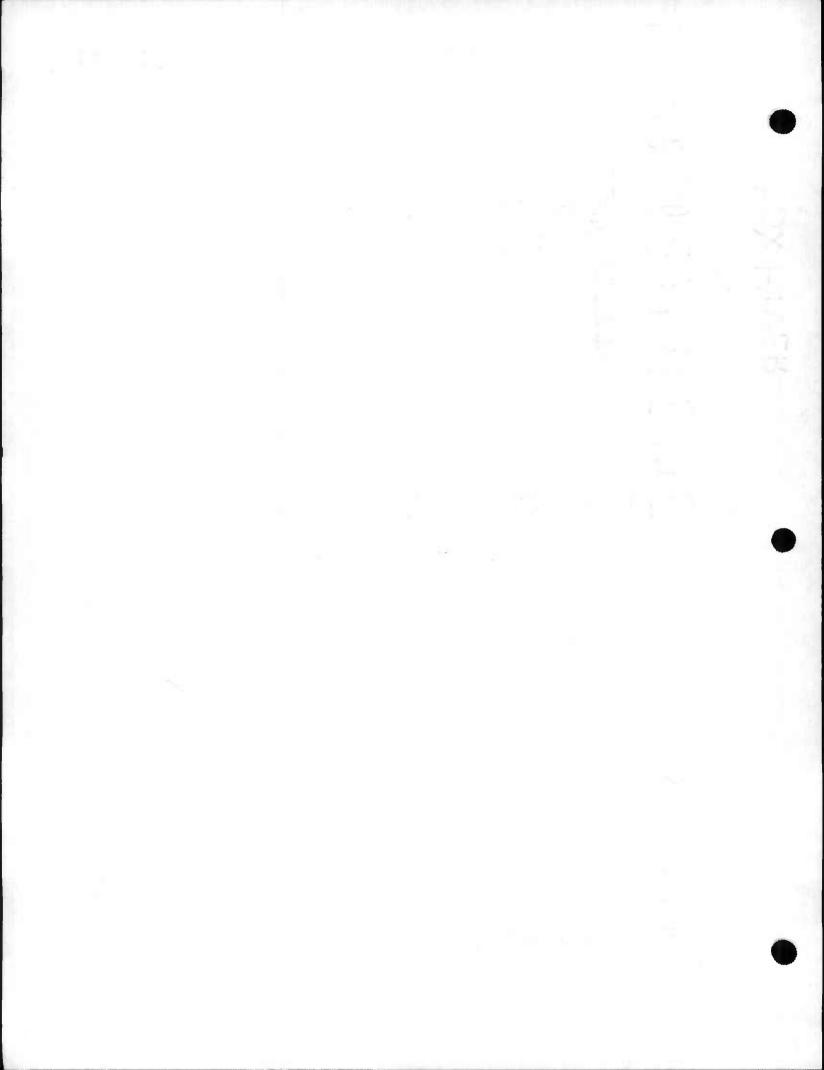


FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		U	EHIIF	CALE	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF	DEATH			3. TIME OF DEATH
1	JOHN FRANK		BAKER	•	JR		09	2	AY 7 1	991	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR				/ 1		HPLACE (State or Foreign
1 3	216-01-0718	1 🔀 M 2 🗆 F	79	YRS.	MONTHS DAYS		(Month, L	Day, Year)	0.0	Count	(1/1)
	9e. FACILITY NAME (If not institution,		19		01 0771 7011			23 1	912		YLAND
CC				İ	9B. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA					DEATH
2	400 Broadview	Blvd			G1e	n Burnie			Anr	ie Ar	undel
1 H	10e. STATE 10b. CO			10c CIT	Y, TOWN OR LOC	ATION					
DIRECTOR	MD AN	ME ADIMET		100.011							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	NE ARUNDEL			GLEN B						1 TYES 2 NO
FUNERAL						IOI. ZIP CODE			10g. CIT	TIZEN OF Y	WHAT COUNTRY?
回	SAME AS # 9					21061			I	U.S.A	١.
5	11. MARITAL STATUS		NT EVER IN U.S. AF		13. WAS D	ECENDENT OF HISF	ANIC ORIGIN?	Specify Yes			E — American Indian, k, White, etc.
BY I	1 Never Married 2 Merried 3 Widowed 4 Divorced		WAR OR OATES	NO		specify Cuben, Mexi S 2 NO Spe		en, efc.)		Spec	
	2 M minomed 4 Divolced									9000	WHITE
ED	15. OECEDENT'S (Specify only highest	EDUCATION	18e. Di	ECEDENT'S	USUAL OCCUPA	TION	16b. K	ND OF BUS	SINESS/IN	DUSTRY	***************************************
	Elementery/Secondary (0-12)	College (1-4 or 5		Do NOT us	vork done during i e retired.)	nost of working					YARD
<u>a</u>	8	NONE	BLU	E PRT	NT?PAT	TERN MAKI	ER BET	нтен	AM C	теет	SHIP REPAIR
COMPLET	17. FATHER'S NAME (First, Middle, Las	1)					NAME (First, Mid				SHIF KEPAIK
	JOHN FRANK BAKE	ER SR									
BE	19a. INFORMANT'S NAME (Type/Print)	or or.	10	b MAII INO	ACCRECE (Com	end Number or Run	LOUISE				
임			- 1			end Number or Hun	il Route Number,	City or Town	n, State, Zi	p Code)	
1	JOHN FRANK BAKE	K, 111		-	AS # 9						
	1 X Buriel 2 Cremetion 3	Removal from State	cemetery cre	emetory or of	DE DISPOSITION (		OATE			- City or To	
	4 Donation 5 Other (Specify)		GLEN	HAVE	MEMOR	IAL PARK	10-1	Gler	n Bur	rnie.	MD
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0		22. NAME	ANO ADDRESS OF	FACILITY				
	1 95 don	2/	/			SLETON FU					
	23 PART I Enter the disease	1770	Zie		1 1 Se	cond Ave	S.W.	Gler	aBuri	nie.	MD 21061
	23. PART I. Enter the diseases, ahock, or hasrt fall	ura. List only one car	use on each ilne	eath. Do n a.	ot enter tha n	oda of dying, su	ich ss cardla	or respi	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finsi	. 1									Onset and Death
	disease or condition resulting in death)	Hes	o Tuel	com	ac						
		DUE TO	(OR AS A CONSE	OUENCE OF	7:						
z											
CERTIFICATION	Sequentially list conditions, it any, isoding to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	):						
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
正	that initisted eventa	DUE TO	(OR AS A CONSE	ONSEQUENCE OF):							
8	reaulting in death) LAST	4									
EDICAL	PART ii. Other significant cond	itions contributing to	death but not r	rasulting i	n the underlyl	ng cause given i	n Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
3								YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								_ 123 2	-		OF DEATH?
											1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICA	11									
O I	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)				
≥ ×	1 YES 2 HAND	1 Inpatient 2				me 5 📑 Residence	6 Other (S	pecify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28e. OATE OF (Month, D		28b. TIME		JURY AT	26d. DESCR	BE HOW IN	JURY OC	CUREO	
B	1 Natural 5 Pending 2 Accident Investigat	ion			M t	YES 2 NO					
ED	3 Suicide 8 Could no	be 28e. PLACE O	F INJURY — At ho atc. (Specify)	me, ferm, a	irsel, factory, off	ce	281. LOCATIO	ON (Street a	nd Number	r or Rural F	loute Number,
1	4 Homicide determine	d soliding.	are. (Specify)				City or 1	own, Stete)			
COMPLET	29e. CERTIFIER	HVCICIAN. T. M. L	N 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							100	
₹	(Check only one)	HYSICIAN: To the best of	my knowledge, de	ath occurre	d at the time, da	e end place, end du	e to the cause(	e) end man	ner ee ata	ted.	
8	2   MEDICAL EXA	MINER: On the besie of e	xamination end/or i	Investigation	i, in my opinion,	death occured at th	e time, date en	d place, end	due to th	he ceuse(e	) end menner ee stated.
w	296. SIGNATURE AND TITLE OF CERT	IFIER				29c. LICENSE NI	JMBER		29d. DAT	E SIONED	(Month, Day, Year)
0	I hilearel for	Myson	5			DIO	66	) [		9-	16-35
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)						-0 4
	Michael	churan to	MD	10	1 1		1.	211	~	-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	ريق	NA	monds	LA.	dit.	15	_	
	OCT 0 1 199	1 the	lia Nacida	1 Proc	6.00						

1 - FOR STATE REGISTRAR	STATE OF N				F HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Dan		Воз	yd S	r.	2. DATE O MONTH Sept	F DEATH DAY		39	
4. SOCIAL SECURITY NUMBER 215-28-3936	5. SEX 1 X M 2 T F	6. AGE (In yrs. 59	lest birthday) YRS.	MONTHS D	AR IF UNDER 24 HRS. AYE HOURS MIN.		F BIRTH Day, Year) 18/32		SHITHPLACE (State or Foreign Country) N, Carolina	
9s. FACILITY NAME (If not institution, give a	the state of the s				WN OR LOCATION OF			9c. COUNTY	OF DEATH	
1115 W. Hamburg			Balto.City,Md.							
Md . 10b. COUNT	Y 			r, town or i	ocation City,Md.				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
100. STREET AND NUMBER 1115 W	.Hamburg	st.			21230			US.	OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 25	ARMED	If ye	DECENDENT OF HISP a, specify Cuban, Max YES 2 NO Spe	can, Puerto Rk		or No- 14.	RACE — American Indian, Black, White, etc. Specify White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6		DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCU vork done duri ne retired.)	PATION og most of working	16b. )	KIND OF BUSI	NESS/INDUST	RY	
8th.Grade			Di	spat			Sun F	_	S	
17. FATHER'S NAME (First, Middle, Last) ROSS	sie A1	len	Воз	rd.	16. MOTHER'S		ddle, Maiden Si		Walters	
19a. INFORMANT'S NAME (Type/Print)			-		treet and Number or Rur					
Mrs.Bernadette	M.Boyd	1	1115	Ham	burg St.	Balto	.Md.2	21230		
20a. METHOD OF DISPOSITION  MM Burlel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	of cometa	CE AND DATE	or other place	TION (Name Cemetery	DATE		A.Co	or Town, State	
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		S	22. NA	ME AND ADDRESS OF	FACILITY Alto.N	Md.21	230	E.Fort Av	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. Ly	OR AS A CONS	SEQUENCE O	is .	spead	7 8	Lung		18 mc	
PART II. Other significent condition	d	death but no	t resulting	in the unde	riying ceuse given		24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outnatient	3 TI DOA	OTHER:	26. PLACE OF DEATH					
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE O (Month, i	FINJURY	28b. TIN	IE OF 20	e. INJURY AT WORK?	_	CRIBE HOW IN	JURY OCCUR	ED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE ( building	OF INJURY — At , atc. (Specify)	home, farm,	street, factory	, office	261. LOCA City of	TION (Street ar	nd Number or i	Rural Route Number,	
cone)	-1 - 1 - 1 - 1 - 1 - 1 - 1				, data and place, and o				suse(s) and manner sa state	
29b. SIGNATURE AND TITLE OF CERTIFIE		الأن	N	0	29c. LICENSE	NUMBER			GNED (Morph, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (	TEM 27) (Type	, Print)	11,40	-		1	1	



1

Pages 1<sub>6.2</sub>, 3 should

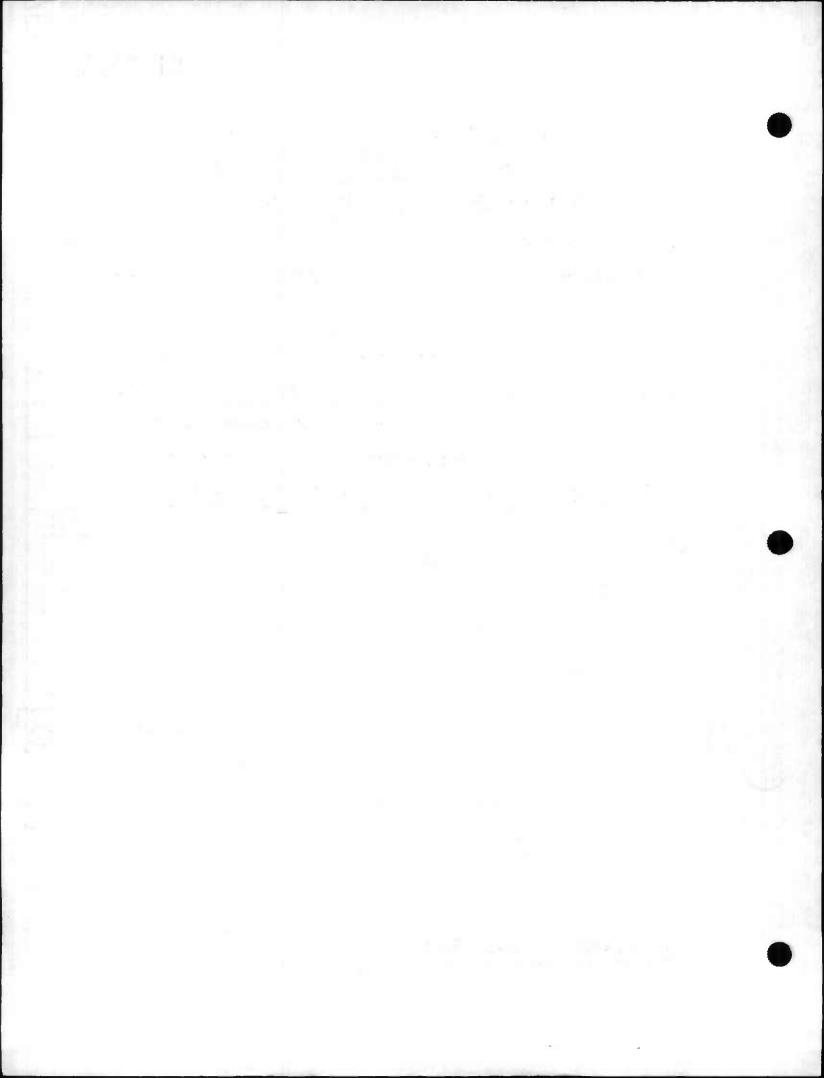
	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
-			

	1. OECEOENT'S NAME (First, Middle		CNALLY						2. DATE OF MONTH	OEATN D	W 10	YEAR	3. TIME OF OEATH
	Gladys						1		9	29	19	91 <sup>EAR</sup>	9:30 A. M
	4. SOCIAL SECURITY NUMBER 212-09-8822	5. SEX 1 ☐ M 2 🏋 F	6. AGE (In yrs. In:	YRS.	MONTHS	DAYS	HOURS HOURS	24 HRS. MIN.	7. DATE OF	PT9	20	8. BIRTH	PLACE (State or Foreign y) yland
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE			9c. COU	c. COUNTY OF OEATN	
DIRECTOR	Franklin Squ	uare Hosp:	ital								Balt	imor	e County
E	10a. STATE 10b. (	COUNTY		10c. CITY, TOWN OR LOCATION					10d. INSIDE CI		10d. INSIDE CITY		
<u>=</u>	Maryland	Balto.C	0.	Parkville				10		1 🗌 YES 2 🙀 NO			
RAL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF V			WHAT COUNTRY?			
핃	9224 Harf	ord View		24460	140.4	70.05		2123	IC ORIGIN? (S			JSA 14. BAC	E American Indian.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed TO Olvorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES				11	yes, s		n, Maxica	n, Puerto Rica		or No	Blac	white, atc.  White
	15. OECEOENT (Specify only higher	(6	ECEOENT'S	vork done d	CUPAT	ION post of workl	na	18b. Kil	10 OF BUS	SINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	e retired.)				<sub>-</sub>	т.		T	1
₩.	12th.Grade			Secre	etar	У,	1 40 1107	115010 1111	Le (			Jew	reler
8	John		De	eckli	no			Lill			Sumame)	T13.0	tice
BE	19a. INFORMANT'S NAME (Type/Prin					(Street			oute Number,		n, State, Zi		tice
2	Mary E.Kraw	czyk	-	7614	1 Pa	rac	dise	Bea	ch Ro	l.Pa	sade	ena,	Md.21122
H	20a. METNOO OF DISPOSITION  3 □ Burial 2 □ Cremation 3	Removal from State	20b. PLACE other p	OF DISPOS	SITION (Nar	ne of c	emetery, crer	matory or				City or To	
	4 Donation 5 D Other (Special	<u>y</u> )	Loude	on Pa	ark	Cer	mete:	ry		Ва	1to	.Md.	100
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE	//		22, 1	NAME A	ANO AOORE	SS OF FA	Ba1	to.N	id.2	1230	)
	23. PART I. Enter the diagonal	Q-7/a	No		Mc	Cu	11y	Fune	eral :	Home	,13	0 E	Fort Ave.
z	ahock, or heart for immediate Cause (Final disease or condition resulting in death)	a. Ence	phalopat o (or as a conse tic Fail	e. hy couence of ure									Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  b. Hepatic Failure oue TO (or as a consequence of):  OUE TO (or as a consequence of):												
	PART II. Other algorificant co	nditione contributing t	o death but not	reculting i	n the un	derlyli	ng ceuse	given in	Part I. 24	a. WAS AN		241	. WERE AUTOPSY FINDINGS
S		nsufficienc						-0030111		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
WEDICAL	Microcy	tic Anemia							_   '	120	XX III		OF CEATH?  1 YES 2 NO
N.													
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHER		PLACE OF (	DEATH (Ch	eck only one)				
ΗXS	1 YES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA 28b. TIM	K		IJURY AT	asidence	6 Other (S	• • • • • • • • • • • • • • • • • • • •	MILIBY OF	CCUBEO	
ВУ Р	1 Natural 8 Pendir 2 Accident Investi	(Month,	Day, Year)	INJ	ŪRÝ M	W	YORK?	□ NO	200. OEGON	IDE NOW	NOON! O	DOONEO	
8	3 Suicide 8 Could 4 Nomicide determ	not be building	OF INJURY — At h	ome, ferm, a	street, facto	ory, offi	lea		261, LOCATI City or 1	DN (Street fown, State)	and Numbe	er or Rural	Route Number,
COMPLET	ann)	PHYSICIAN: To the best of XAMINER: On the best of											a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CO	« WOPED					29c. LIC	ENSE NUI	ABER		29d. 0%	EPTEN	(Month, Day, Year) Len 29, 1991
	Jang-Ho Ch						مالم	D- 14		21.0	77		
	Jang-Ho Cha	M.D. 9(	On Fra	HKIIN	2dn	are	ar.	Rg 11	Imore	412.	5/		
	nr	T 1 1991	gunar	andson	-Mano	a lie							



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	be filed within 72 hours after death will now state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: Affile Committee has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING THESIDAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	

1. DECEDENT'S NAME (First, Middle, Last	MINNIE R.	BROWN			DATE OF DEATH	AY Y	3. TIME OF DEATH	
MINNIE				(		8-9	1 9:28	
4. SOCIAL SECURITY NUMBER 218-03-0799	1 🗆 M 2 🏂	70 YRS.	MONTHS DAYS HOURS MIN. 7, DATE OF BIRTH (Month, Day, Yer			18-21 Country) mD.		
2000	H HOSP.		96. CITY, TOWN OR LOCATION OF DEATH TO WSON			9c. COUNTY OF DEATH  BALTO.		
100. STATE 100. COUN	τν timore		CITY, TOWN OR LOCATION TOWSON			10d. IN		
Maryland Bal	100	101, ZIP COI	ne .		1 TYES 2 NO			
F00 ***			122727	204		200	S.A.	
500 Virginia AV  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 1 NO	13. WAS DECENDENT If yes, specify Cub 1  YES 2 A NO	OF HISPANIC O			t. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	ISUAL OCCUPATION	40.0	16b. KIND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12) 9 YYS	College (1-4 or 5+)	Office (	ork done during most of work retired.) Clerk	mg .	Greif	Co.		
17. FATHER'S NAME (First, Middle, Last) LOUIS	Lample			rHER'S NAME (F ertrude	First, Middle, Maiden		Clatchey	
190. INFORMANT'S NAME (Type/Print) Regina Lample			address (Street and Numboork Lane Re					
20g, METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE	OF OISPOSITION (Name or other place)				ly or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Ruck Towson Funeral Home, Inc.  1050 York d. Towson, Md. 21204  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line.								
shock, or heart failure iMMEDIATE CAUSE (Final	a. Cerel		1050 Yor ot enter the mode of d	k d. r	Towson,	Md. 21	.204 Approximate Interval Bets	
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. Correction on a cause on Due to (or As Due to (or As C. )	each line.	1050 Yor ot enter the mode of d	k d. r	Towson,	Md. 21	.204 Approximate Interval Bets	
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS	S A CONSEQUENCE OF	1050 Yor ot enter the mode of declar ancie	k d. r.	Cardisc or reap	Md. 21  Privatory arrest  A JL Q	Approximate interval Betto Onset and E	
shock, pr heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	S A CONSEQUENCE OF	1050 Yor ot enter the mode of dular anci	k d. r.	Cardisc or reap	Md. 21  Privatory arrest  A JL Q	Approximate Interval Bet Onset and E	
shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	a. DUE TO (OR AS	S A CONSEQUENCE OF	1050 Yor ot enter the mode of dular and in the underlying ceuse	k d. r.	Cardisc or reap	Md. 21  Privatory arrest  A JL Q	204  Approximate Interval Bett Onset and E  24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	a. DUE TO (OR AS	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  Dut not resulting in	1050 Yor ot enter the mode of declaration and continuous cardinations.	k d. rying, such as  cland  given in Part	Cardisc or reap  Grau  Ri. 24a. WAS APPERFO  1 YES:	Md. 21  Privatory arrest  A JL Q	204  Approximate Interval Bett Onset and E  24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. Liet only ona cause on  B. DUE TO (OR AS  B. DUE TO (OR AS  C. HOLE TO (OR AS  d. Ons contributing to death	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  but	28. PLACE OF OTHER: 4   Nursing Home 5   Unit of the purple of the purpl	given in Part	Cardisc or reap  Grau  Ri. 24a. WAS APPERFO  1 YES:	Md. 21 piratory arrest	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO	
shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	B. Liet only one cause on  B. DUE TO (OR AS	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  Dut not resulting h  Supperient 3 DOA  TY  28b. TIMI INJI  JRY — At home, farm, a	26. PLACE OF OTHER: 4   Nursing Home 5   WORK? M   1   YES 2	given in Part	Cardisc or reap	Md. 21  Platery arrest  A AUTOPSY RMEO?  2 NO  INJURY OCCU	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO	
shock, Dr heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not be 4 Homicide Certifying PHY Check only 1 CERTIFYING PHY	B. Liet only ona cause on  B. DUE TO (OR AL  B. DUE TO (OR AL  C. DUE TO (OR AL  d. ONS CONTRIBUTING to death  HOSPITAL:  1 Mipstient 2 ER/O  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR  28a. PLACE OF INJUR	S A CONSEQUENCE OF S A CONSEQUENCE OF Dutpetient 3 DOA TY 28b. TIMI	26. PLACE OF  OTHER: 4   Nursing Home 5   1   Yes 2    treet, factory, office	given in Part	cardisc or reap  frau  Li. 24a. WAS AI PERFO  1 YES:  Other (Specify)  d. DESCRIBE HOW  L. LOCATION (Street City or Town, Stele	NAUTOPSY RMEO? 2 PNO INJURY OCCU	Approximate Interval Bett Onset and E 24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1 YES 2 NO	
shock, Dr heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not be 4 Homicide Certifying PHY Check only 1 CERTIFYING PHY	B. Liet only ona cause on  B. DUE TO (OR AS  B. DUE TO (OR AS  C. DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF Dutpetient 3 DOA TY 28b. TIMI	26. PLACE OF  OTHER:  26. PLACE OF  OTHER:  YORK?  1 YES 2  treet, factory, office	given in Part	Cardisc or reap  Cardis	NAUTOPSY RIMEO?  2 NO  INJURY OCCU  end Number on	Approximate Interval Bett Onset and E 24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1 YES 2 NO	



	101	ss 1, 2, 3 should	
1215-002	r attending physicans	use as the bookerstat permit Pag	
BALTIMORE, MARYLAND 21215-0026	ge 6 may be retained by the hospital o	frector, page 5 should be detached for	r must be notified at once.
	uted within 24 hours after death. Pa	I completely filled in by the funeral carried, cremation, or removal.	ic event, the medical examine
CORDS, P.O. BOX 6	ires that the death certificate be exec	signed by the attending physician and leath and Mental Hygiene prior to bu	vs any injury, or other traumat
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending the back.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the minute result of Health and Mental Hyglene prior to burial, cremation, or removal.	RPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPI	THE FUNER	MPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME	NT OF H	EALTH AND DEATH		IYGIENE 9	26541
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		3. TIME OF DEATN
		INN THOMPS	ON BOLTO	N		SEPT.		91 10:50 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In )		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	BIRTHPLACE (State or Foreign
	217-16-4687  9e. FACILITY NAME (If not institution, give street	et and number)	73 YRS. MONT		HOURS MIN.		,1918	MARYLAND  Y OF DEATH
DIRECTOR	SKYESVILLE ELDE	RCARE CENT			ESVILLE C			ARROLL
REC	10e, STATE 10b, COUNTY		10c. CITY, TOV	YN OR LOCAT	ION			10d. INSIDE CITY
	MARYLAND CARR	OLL	S	-	VILLE			1 TYES 2 NO
FUNERAL	935 RAINCLIFFE	ROAD		10f	ZIP CODE	21784		S . A
S	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U. FORCES? YES	S. ARMEO	13. WAS DEC				4. RACE — American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	If yes, sβ	NO Specific	en, Puerto Ricar	i, etc.)	Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION I 10	Se. DECEDENT'S USUA	L OCCUPATIO	N .	16b. KIN	D OF BUSINESS/INDU	STRY
		College (1-4 or 5 +)	(Give kind of work do life. Do NOT use retire	one auring mo: ed.)	st of working			
MP	12	2	BANK	ER			BANKING	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	s, Melden Sumame)	
BE	FRANK NELSON B	OLTON					ON THOM	
2	19a. INFORMANT'S NAME (Type/Print)	DOT HOM					lity or Town, State, Zip C	
	MR. NELSON M.							,MD. 21784
	20s. METHOD OF DISPOSITION  1	of from State 205. PL cemete	ACE AND DATE OF DIS ry, crematory or other pla	ice)		DATE	20c. LOCATION CI	,
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ST ST	. THOMAS	EPI.	D ADDRESS OF FA	OIL CTV		MILLS, MD.
	1810 W	nP1				49		ROAD 21212
Ť	23. PART I. Enter the diseases, oc con	nolications that caused the	e death flound an	HENR	Y W. JI	ENKINS	AND SOI	NS.BALTO,MD.
	ahock, or haert fallure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CO	line.					Approximeta Intervel Batween Onset and Death
_		002 10 (011 AS A C.	reservence or :	200	ark	- de	7	The state of the s
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):	X			- J	
S	CAUSE (Disease or Injury			0				
TE	that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):					
E E	d							
AL.	PART II. Other significant conditions of	contributing to death but	not resulting in the	underlying	cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC	-					_	-Condy	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
딣	EXAMINER?	IOSPITAL:	ОТН	IEB:	ACE OF DEATN (Ch			
H H	27. MANNER OF DEATN	28a. DATE OF INJURY	28b, TIME OF	Nursing Norma	5 🗆 Residence		BE NOW INJURY OCCU	DEO.
∠ P	1 Natural 5 Pending	(Month, Day, Year)	MANAMA	1 U Y	łK?	200. 02001112	ic now indon't occor	NEO
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, atreat,	actory, office		28t. LOCATION	N (Street and Number or vn, State)	Rural Route Number,
E I	an- orangem							
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINED.	N: To the best of my knowledg	e, death occurred at th	e time, date	and place, and due	to the cause(a)	and manner as stated.	
		The best of exemitation an	aron meesingation, in in	y opinion, a	ath occured at the	time, deta end	place, and due to the o	cause(a) and manner as stated,
TO BE	29b. SIGNATURE AND TITLE OF CHITIFIE	1 MD.			29c. LICENSE NUM	22609		GIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO SEIDER			TIDNIA	CE RDAI	MCH PC	AD.GLEN	BURNIE, MD.
	31. DATE FILEO (Month, Day, 16a7)	32. REGISTRAR'S SIGNATU	RE		CE DKAI	WCII KC	AD. GLEN	
	OCT 1	1991 gratia	Devidson Par	delle				21061

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH / 3. TIME OF DEATH					
	Gloria Carignand	)			MONTH 9 12 9 9 1 20 30 P M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH				
	215-30-3599  9a. FACILITY NAME (If not institution, give s	1 □ M 2 🂢 F 50	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day Year 22 2-2	9-32	2 Maryland		
TOR	Union Memorial Hospital Baltimore City N/A									
EC	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	1	10c. CITY. 1	OWN OR LOCAT	TION			10d. INSIDE CITY		
BY PUNERAL DIRECTOR		yland N/A					10d. INSIDE CITY UMITS?  YES 2 \( \subseteq \text{NO} \)			
ERA	633 Melville, Av	33 Melville, Avenue						10g. CITIZEN OF WHAT COUNTRY? USA		
\S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI			ts. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify	Ves or No. 1	4. RACE — American Indian,		
E	1 Never Married	₽ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	If yea, sp	ecify Cuban, Maxican,	Puarto Rican, etc.)	Black, White, atc.				
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ALES	1 TES	Specify:			White		
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION	ON st of working	16b. KIND OF	16b. KIND OF BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	emaker		N N	/A				
MO	17. FATNER'S NAME (First, Middle, Last)		110111	emaker	18. MOTNER'S NAM		<u> </u>			
	George Rapp					y Anna W				
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural Ro					
5	John J. Carignand	)			Ave, Balt					
	20e. METNOD OF DISPOSITION	20e. METHOD OF DISPOSITION 20b. PLACE AND I					LOCATION - CI			
	Normation   Semontal   Commetter   Comme					10/2 Baltimore, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home									
	G. Joseph Fer	_	M00203	6500.3						
	23. PART I. Enter the diseases, or o	aa cardiac or re	imore, Maryland 21212  pr reepiratory arrest,   Approximate							
	snock, or heart failure. List only one ceuse on sech line.									
1	diseese or condition	Cuiling			Onset and Dasth					
	disease or condition resulting in death)  s. Hepatiz Fuilure  bue to (or as a consequence of):									
z	Carringma									
CERTIFICATION	Sequentially list conditions,  If sny, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	D								
E	that initiated events resulting in deeth) LAST	DUE TO (DR AS A	A CONSEQUENCE OF):							
8	d									
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a.							24b. WERE AUTOPSY FINDINGS		
MEDICAL					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME				10 120 20 110		OF DEATH? 1 ☐ YES 2 € NO				
ä						_				
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSDITAL EXAMINER.  28. PLACE OF DEATH (Check only one)									
Si	1 TES 2 NO	HOSPITAL:		THER:  Nursing Hom	e 5 🗆 Residence 6	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DESCRIBE HO	W INJURY OCCU	RED		
BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number, Characteristics) 28. LOCATION (Street and Number or Rural Route Number) 28. LOCATION (Street and Number or Rural Route Number) 28. LOCATION (Street and Number or Rural Route Number) 28. LOCATION (Street and Number or Rural Route Number) 28. LOCATION (									
ED										
	4   Homicide detarmined									
립	29a. CERTIFIER (Check only  CERTIFYING PNYSICIAN: To the beat of my knowledge, dasth occurred at the time, data and piece, and due to the cause(s) and manner as stated.									
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated.									
BE C	296 MENATURE AND TITLE OF CERTIFIER			-	29c. LICENSE NUMB	ER	29d. DATE S	NGNED (Month, Day, Year)		
								9/29/91		
-	10. NAME AND ADDRESS OF PERSON WHO	A	DI. Y	2 41						
	31. DATE FILED (Month Day Year)	UMH, ZOI	ATURE	usity	PKwy, K	sello, 1	10 2	1218		
	T TIME	1001 ()	ru bo .	-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMH-16 Rev

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page International Page Internat	tificate has been signed by the attending physician and completely filled in by the funeral dimension of some control of State hard of Marcal Marcal Manage and to build premariton or some control of the state and Marcal Manage Manage of the state of the state and the state of t	IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be nothing at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed to filed within 72 hours after death with the State Dent of Health at	IMPORTANT: If Item 28 is marked, or Item 23 shows any

										91	26	543	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI	RTMEN	T OF H	IEALTH DE A	AND I	MENTAL HYGIE				
	3. DECEDENT'S NAME (First Middle Lee)								TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 216-01-7377	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDI	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			NCE (State or Foreign	
OR	99. FACILITY NAME (If not institution, give street and number) BELAIR CONVASESCENT HOME					TY, TOWN O					TY OF DEAT		
DIRECTOR	RESIDENCE OF DECEDENT				CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
AL D	MARYLAND  100. STREET AND NUMBER					BALTIMORE CITY  101. ZIP CODE				1 ☐ YES 2 ☐ NO			
FUNERAL	711 S. Decker	12. WAS DECEDENT EVER IN U.S. ARMED				. WAS DEC	ENDENT (	2122 DF HISPAN	IIC ORIGIN? (Specify Yea or No 14 BA/			. A . American Indian,	
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IE VES CIVE WAS OR DATES				If yes, specify Cuben, Mexican, Puerto Ricen, atc				Black, White, etc.  Specify:  White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)					rk done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
COMF	17. FATHER'S NAME (First, Middle, Last)  JOSEPH	СОССІМІ							GENERAL MOTORS  ME (First, Middle, Meiden Surname)  RBARA				
TO BE	19e, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number						nd Numbe	or Rural F	ral Route Number. City or Town. State. Zin Code)				
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Lilly & Zeiler, Inc.												
	23. PART I. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock or heart failure. List only one desire an each line.											Approximata Interval Batween	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pa	POSSIBLE MYOCARD							INF	AR	Onset and Death	
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):											
CERTI	resulting in death) LAST	d											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  CHRONIC SUBDURAC HEMATORA 1 USB 2 NO 248. WAS AN AUTOPSY PREFORMED?  1 VES 2 NO 1 OF DEATH?												
IAN: N	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   thpetient 2   ER/Outpetient 3   DOA   A   Nursing Home 5   Residence & Other (Specify)											
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Di		JURY WORK?  M 1 YES 2 NO			] NO	28d. DESCRIBE HOW INJURY OCCURED					
ETED	3 Suicide 8 Could not be 4 Homicide determined	Homictde determined building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFIED IN SIGNATION: To the beet of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated.  3 MEDICAL DEINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.								I menner ee stated.				
BE	29h SIGNATISE AND TO FOE CHITTEEN								_				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)												

BALTO.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Schie Saindson-Rendesse

31. DATE FILED (Month, Day, Year)

OCT 0 1

1991

DHMH-18 Rev 1/89

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  LEONARD G. Cannella  2. Date of Death MONTH DAY 9 25 91 4:15 A M										
	LEONARD G. Cannella 9 25 91 4:10 A M  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTHH 8. BIRTHPLACE (State or Foreign										
	067-07-2581 18M2 = 84 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) New York										
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  99. COLLY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  BALTIMORE  RESIDENCE OF DECEDENT										
2	10s. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY										
	MD BALTIMORE COCKEYSVILLE 1 YES 2 XNO										
FUNERAL	302 Wellingbrough WAY  101. ZIP CODE 21030  109. CITIZEN OF WHAT COUNTRY? USA										
B	11. MARITAL STATUS  1										
	16. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working										
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5+)  Continent (1-4 or 5+)										
COM	17. FATHER'S NAME (First, Middle, Leat)  16. MOTHER'S NAME (First, Middle, Malden Surname)										
BE	FRANK CANNAII 3  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code)										
6	196. INFORMANT'S NAME (Type/Print)  Family Records  197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece)  20c. LOCATION — City or Town, State										
	4 Donation 6 Other (Specify) Greenmount Cemetery 8 Buthmore  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY OF										
	Gent Cours Evans Chapel of Chimes 21093 2325 York RD Timonium, Md										
	23. PART I. Enter the diseases, or committee to that caused the deeth. Do not enter the mode of dying, such ee cerdiec or respiratory errest,  Approximate										
	shock, or heert feliure. Liet only one ceuse on aech line.  Interval Between Onset and Death disease or condition resulting in death)  Due to 108 As A CONSEQUENCE OF:										
	DUE TO LOB AS A CONSEQUENCE OF:										
CERTIFICATION	Sequentially flat conditions, if any, laading to immediate Due to (OR AS A CONSEQUENCE OF)										
CA	cause. Enter UNDERLYING CAUSE (Disease or injury										
RTIF	thet initiated events  resulting in deeth) LAST										
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	PERFORMED?, AVAILABLE PRIOR TO COMPLETION OF CAUSE										
MED	1 VES 2 NO OF DEATH?										
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SICI	EXAMINER?  1   YES 2   NO   HOSPITAL:  1   Inpatient 2   ER/Outputient 3   DOA   Initially Home 5   Residence 6   Other (Specify)										
PHYSICIAN: ME	28 MANNER OF BEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF Rec. INJURY AT WORK?  WORK?  WORK?										
ВУ	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,										
COMPLETED	4 Homicide determined building, etc. (Specify)										
MPL	29a. CERTIFIER (Check only one)  APPLICATION OF THE PROPERTY O										
	A MEDICAL EXAMINEN: On the deals of szamination and/or investigation, in my opinion, death occursed of the time, data and place, and due to the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and manner as all and control of the cause(s) and										
BE	29C. LICENSE NUMBER										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  DR 1 1 1 1 200 Respect 3222 Str. Poly St. Batto, Mp.										
	DIG SOLITICAL STATE OF THE STAT										
	31. DATE FILEO (MONTH). Day, Many 991 P. REGISTBAR'S SIGNATURE  Junia Davidson-Randone										

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

for death. Page 6 may be retained by the hospitar of attenting prhisician.

the funeral director, page 5 should be detached for use as the buffal-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

Jessie

DECEDENT'S NAME (First, Middle, Last)

E.

COLLIER

1 -

	Á
	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	STALL OF ATTENDANC DEVOLUTARIE The law securities that the death configuration with the
9	-
37	4
9	0
×	-
0	2
m	200
-	16.0
0	Par
۵.	4
	land
S	-
Z	4
4	4
X	5
2	ale
2	200
- D	27.00
7	-
1	É
=	1
	ALU
F	N
0	5
Z	0
0	NY
70	N
57	Ė
2	0
	č
_	2
	5

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS	7. DATE 0	E BISTH	29 19	a BIOTHO	MCE (State or Foreig	
	218-10-6303	1 □ M 2 🔯 F	73		ONTHS DAY		MIN.	(Month)	0 oy. Year) 3-191	8	Country) Mary		
	90. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION	ON OF DE		2 171	_	TY OF DEAT		
OR	Franklin Square	Hospital				timore			Baltimore County				
티	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TV								Daiti	more	County	
- DIRECTOR												d. INSIDE CITY LIMITS? YES 2 NO	
341	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL	5622 Gerland Ave				21206					U.S.	Α.		
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.)  1  YES 2 NO Specify:  White						hite, etc.	
ETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a	Give kind of wo	rk done durina	TION most of workin	107	16b. I	KIND OF BU	SINESS/INDU	STRY		
COMPLE	Elementary/Secondary (0-12) 10th	College (1-4 or 5		ecretar	retired.)		•	Bı	omwe]	ll Pre	ess		
BE CO	17. FATHER'S NAME (First, Middle, Last) Albert Hoeschele 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Helen Woods												
2	196. INFORMANT'S NAME (Type/Print) William B. Collier  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5624 Gerland Avenue, Baltimore, Maryland 21206												
	20s. METHOD OF DISPOSITION  LA Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of capatery, gramatory or other place)  Carcients Of Faith							10/2	1	cation - c		sum aryland	
	21. SIGNATURE OF FUNERAL SERVICE DENSEE  22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Mar  23. PART I. Enter the disease, or complications that chused the death. Do not enter the mode of dying, such as cardisc or respiratory strest,												
CERTIFICATION	disease or condition resulting in death)  Acute Myocardial INfarction  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Rheumatic Heart Disease  24a. WAS AN AUTOPSY PERFORMED?  1 VES XX NO  1 VES XX NO									RE AUTOPSY FINDI ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DE	ATIA (O)						
S	EXAMINER? V	HOSPITAL:	FR/Outpetleni	2 DOM C	THER:						-		
Y PHYSICIAN:	W A Natural 5   Pending 1								NJURY OCCU	RED	<del></del>		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined								281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)				
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of ER: On the basic of e	my knowledge	death occurred of	it the time, da	its and place,	and due to	o the cause ime, date ar	(a) and man	ner se stated	l. Cause(e) end	I manner ae state	
BE	396. SIGNATURE AND TITLE OF CERTIFIE	Of Ca	)			29c. LICE	NSE NUME	BER				nth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Franklin Chatham. M.D. 9000 Franklin Square Drive Baltimore MD 21237  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  DCT 0 1 1991 Junia Paridon—Arman												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

26545

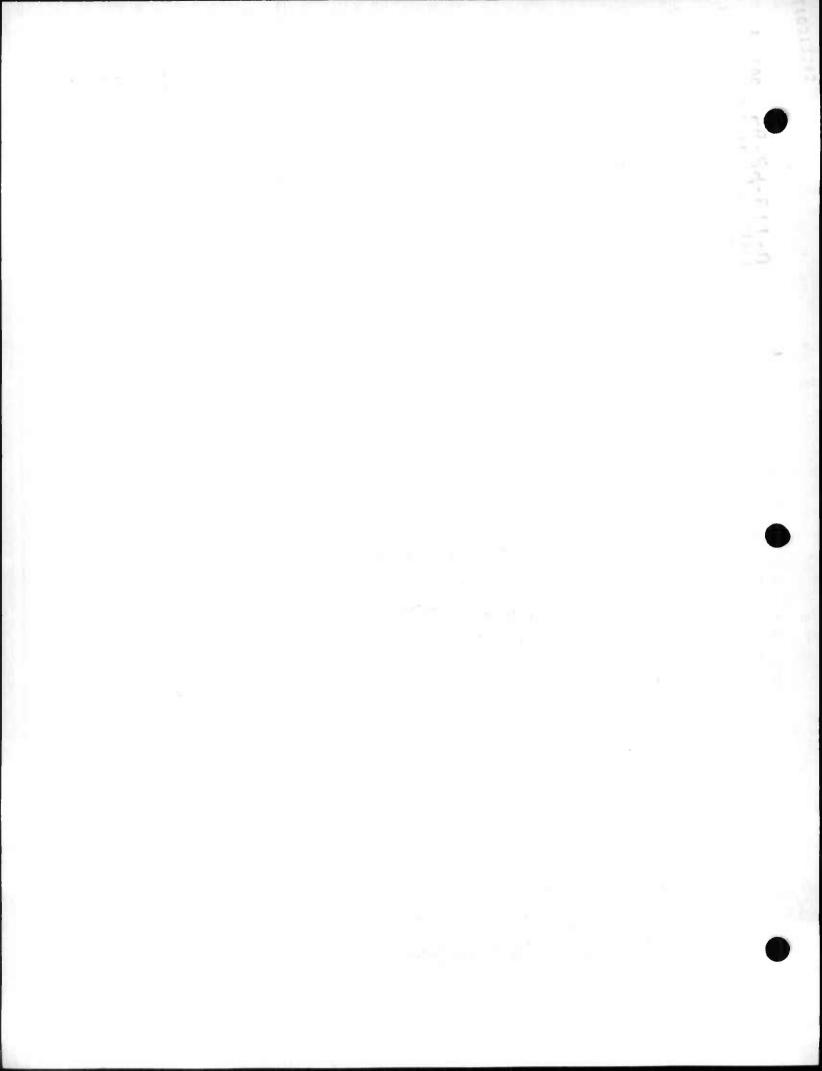
3. TIME OF DEATH

11:00

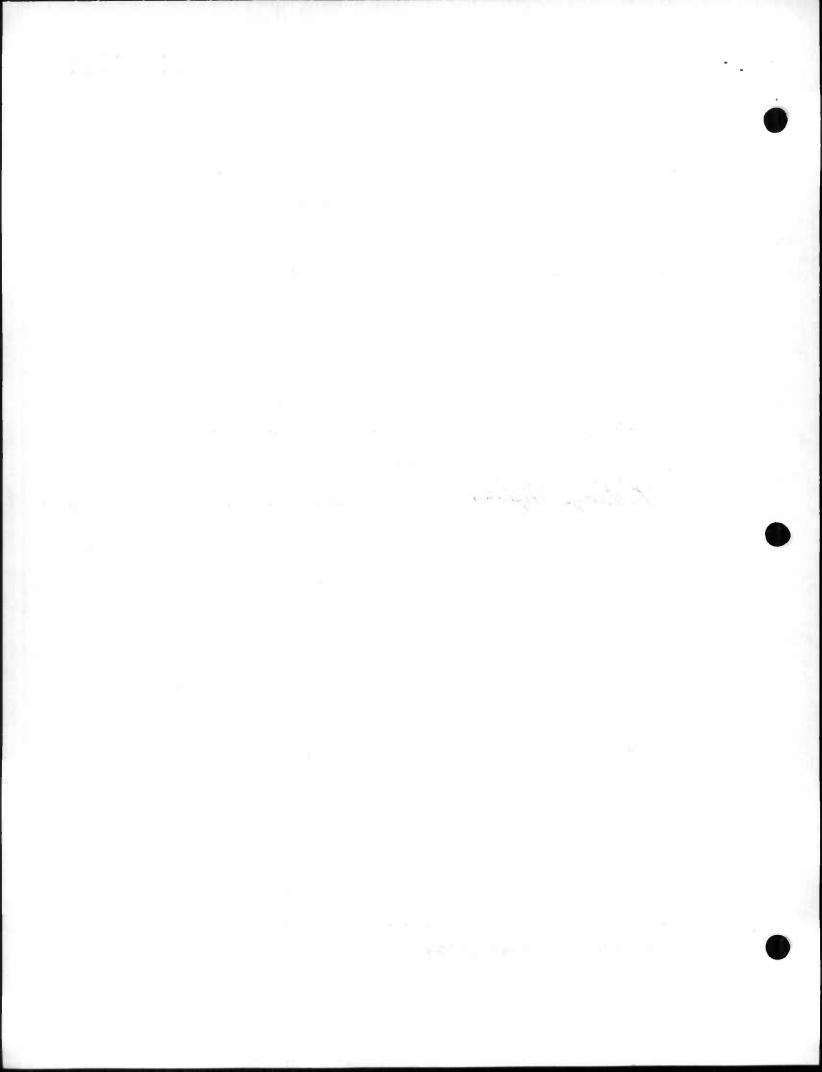
2. DATE OF DEATH DAY YEAR September 29 1991

		-	0.
1	and the last	es	.75
4	patro se	de la	Dr.
	3	中	-
	many.	T-B	æ
1	-	San I	1923
	5	Tans	
0	SiCia.	1	
02	phy	Par	
0	Du	36	
S	ipu	SE	
21	THE .	8	
2	0	D 0	
D	pita	Po	
Z	hos	achi	-
4	the	det	0
Z	à	2	1
0	8	용	3
A	tain	Sho	1914
Σ	9 9	50	0
ш	y b	3900	9
R	EE	0, 1	10
5	e 6	rect	E
2	Pag	- Oi	200
H	€.	lera	m
BALTIMORE, MARYLAND 21215-0020	dea	£	BYS
8	fter	the	-
	5	ren by	die
	DOC	of ic	E
	24	fille	4
-	hin	mat	-
9	X	nple	Ver
87	rted	Ser.	-
9	xect	and	Jati
×	90	r to	THE COLUMN
30	ite b	Sici	1
ш.	ifica	E S	her
0	cert	Jing	t
۵	the	al H	5
IVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit. Pages 1, and the State Debt. of Health and Mental Horiene prior to burial, cremation, or removal.	em 28 is marked or flem 23 shows any injury or other trainmatic event the medical examinar must be notified at once
0	the	A P	n i
SR	hat	9 9	2
20	es 1	gne	96
E	quir	1 He	3
$\alpha$	v re	bee .	40
7	13	Dep	23
TA	The	ate a	E
5	AN:	Ste	= 1
L.	SICI	the	0
0	HY	his	pea
Z	IG P	it i	nar.
0	NO	Aff	8
S	TEN	DR.	60
5	AT AT	RECT TS a	11 2
=	Œ	5	-

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  DAVID CALLICOAT	David E			AIL OI	DEA	IH	PENTAL HYGIE REG. N 2. DATE OF DEATH MONTH SEPTEMBE	DAY	VEAD	. TIME OF DEAT
1 to	4. SOCIAL SECURITY NUMBER 577-46-7967		6. AGE (In yrs. la.		F UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH			5:24 a
<u>«</u>	90. FACILITY NAME (if not institution, give THE JOHNS HOPKI	street and number)		91	BALTIMO				9c. COL	JNTY OF DEA	
DIRECTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT				OWN OR LOCA			-			
L DIR	Maryland N/A				imore	City					Od. INSIDE CITY LIMITS? X YES 2
ERA	4003 White Avenue	e, Apartme	ent 1-B			of, ZIP COD 21206	-			S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 13 IF YES, GIVE WI WWII	CYES 2		13. WAS DE It yea, a 1 — YE	CENDENT ( pecify Cuba S 2 NO	OF HISPAN an, Maxicar Specify	IC ORIGIN? (Specify n, Puerto Rican, atc.)		14. RACE -	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(G Iffe	ECEDENT'S US Give kind of work Do NOT use n	UAL OCCUPAT k done during m etired.)	ION lost of working	ng	Moran			ompany
	17. FATHER'S NAME (First, Middle, Lest) Unknown					18. MOT	HER'S NAI	AE (First, Middle, Maid		raily C	ompany
TO BE	19a. INFORMANT'S NAME (Type/Print)	icost				and Number	r or Rural R	oute Number, City or 1			
	Virginia E. Call:  20e. METHOD OF DISPOSITION 1 Device 2 M Cremetton 3 D Ren		20b. PLACE	ANDDATEOF	DISPOSITION /N	lame of	Apt		LOCATION -	City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LI		Green	matory or other Moun	22. NAME A	ND ADDRE	SS OF FAC	9/30 Ba.	Ltimor	ce, Ma	ryland
	23. PART I. Ener the disasses, or	n. he	pply		6415	Bela	ir R	r, Inc. oad, Balt	imore	e, Mar	yland
EDICAL CERTIFICATION	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other eignificant conditions	C. RITEU MA:	OR AS A CONSE	OUENCE OF):	Disor	ion		Part I. 24a. WAS	AN AUTOPSY ORMED?	C	year year warrable prior ompletion of F DEATH?
AN: ME							-			1	YES 2
IVSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		THER:			ck only one)  B  Other (Specify)			
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	28a. DATE OF II (Month, Day		26b. TIME O	F 28c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE HOV	V INJURY OC	CURED	
0	Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At ho	ome, term, stree				28t. LOCATION (Street City or Town, Sta	et and Number te)	r or Runsi Rou	te Number,
ш	(Check only 1764 CERTIFYING PHYS										
MPL	MEDICAL EXAMIN	ER: On the besia of exa	imination and/or	investigation, le	n my opinion,	_	ense NUM				ond manner as
SE COMPLET		M D	E OF DEATH (ITE	M 27) (Type, Prir	nt)				•	9/29/	91
TO BE COMPL	30. NAME AND ADDRESS OF PERSON WI					sp.	BA	I. Ma	_		
BE	30. HAME AND AUDHESS OF PERSON WI	32. REGISTRAR	S SIGNATURE	PRIM	1 /10	P	Disc	C /			



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND		SIENE NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF DEATH			
	MONA ELIZABETH	CARTER				MONTH 09 2	7 10	YEAR	M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	Н	8. BIRTH	PLACE (State or Foreign							
	215-48-4389	1908										
	9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN C	R LOCATION OF D	108 11 EATH		9c. COUNTY OF DEATH				
DIRECTOR	214 Crain Court Circle Apt TC Glen Burnie Anne Arundel											
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	MD ANNE	ARUNDEL	GLEN	BURNIE					LIMITS?			
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF V	THAT COUNTRY?			
Ä	214 Crain Court	Circle Apt T	C		21061		1	J.S.A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Speci	fy Yes or No	14. RACE	- American Indian.			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 Tyes, spe	2 NO Specif	in, Puerto Ricen, at y:	c.)	Speci	t, White, atc.			
8									WHITE			
ETED	15. DECEDENT'S EDU (Specify only highest grade	(CATION e completed)	(Give kind of wor	rk done during ma	N st of working	16b, KIND O	F BUSINESS/IND	USTRY				
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	,								
COMPL			HOMEMAKE	ER		OWN	HOME					
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M	,					
H	ROBERT SMITH HAY	WILSON HERON				ETH VIOL						
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City o		Code)				
	TINA L. JORDAN					le APT.	TC		1			
	20a METHOD OF DISPOSITION 1 Å Burlal 2 ☐ Cremation 3 ☐ Rem	noval from State 20b.	PLACE AND DATE OF etery, cremetory or othe	DISPOSITION (Na.	me of		c. LOCATION —	-				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	Ne.	w Cathedr				BALTIMO	RE,	MD			
	21. SIGNATORE OF FUNERAL SERVICE LI	CA / /			D ADDRESS OF FA	CIUTY ERAL HOM	T					
	P. Sleonge	Austains						NTE	MD 21061			
	23. PART i. Enter the diseases, or	complications that caused List only one cause on sa	the deeth. Do not	enter the mo	de of dying, auc	h as cardisc or	respiratory err	est,	Approximate			
	MANAGERIATE CALLED TO								Interval Between Onset and Death			
	disease or condition - History of Unwithessed Carcuiac avreit											
	DUE TO (DR AS A CONSEQUENCE OF):											
z I	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  HOME.  Onaat and Death											
CERTIFICATION	If any, iseding to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or Injury	C										
Ē	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
81		d										
	PART ii. Other significent condition	is contributing to deeth bu	t not resulting in	the underlying	ceuse given in	Part I. 24a. W	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL							RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
¥						_ ['''	ES 2 NO	1	OF DEATH?			
-						-		1	1 YES 2 NO			
Y	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)						
98	1 TES NO	HOSPITAL: 1   Inpatient 2   ER/Outpe		THER:								
₹	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME C			6 Other (Specify 28d. DESCRIBE H		VIDED				
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WOI M 1 Y	RK?		011 11100111 000	OHED	ſ			
- 10	2 Cutotte	28a. PLACE OF INJURY -	- At home, farm, stre			261. LOCATION (S	Irnet and Number	or Burn! B	oute Alumber			
3 Suicide 4 Homicida 5 Could not be detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office 28building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place.									oute Number,			
۳	29a. CERTIFIER CEPTIFYING PHYSI	ICIAN: To the heat of our law to				738						
298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	296. SIGNATURE AND TITLE OF CENTIFIES		and threatigation,	in my opinion, de	ath occured at the	nme, deta and plac	e, and due to the	e cause(a)	and manner as stated.			
8	CAGA	-	11	$\wedge$	29c. LICENSE NUN	MBER	29d, DATE	SIGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES OF THE	/ / / ·	U.	236	192 .	7	128	171.			
	Dr. Anees Ahsan 31. DATE FILED (Month, Day, Year)	1600 Crain H	wy. S.W.	Glen I	Burnie. 1	MD 2106	1 Suit	e 20	1			
	OCT 0 1 1991 4	hia Davidson Rand	IONE									
	VOI O I TOOL 74											

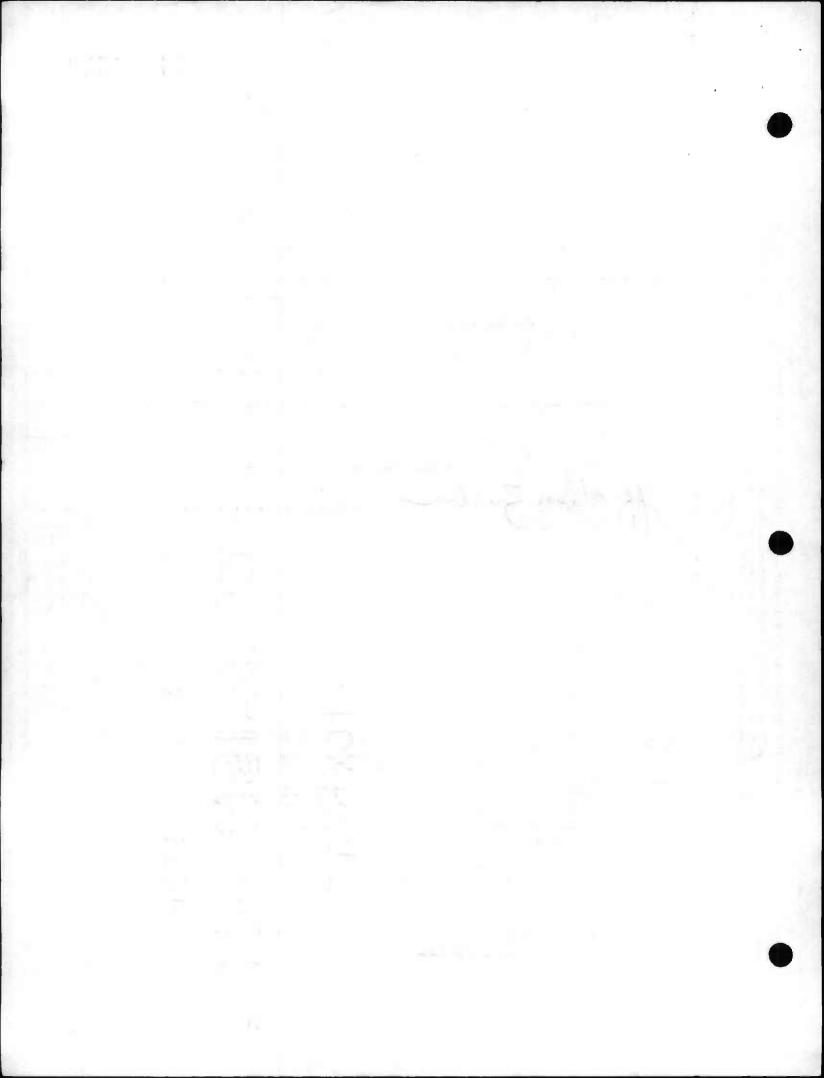


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this center the need signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the center of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, and use 2 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

ST	ATE OF	MARYLAND	/ DEPAR	TMENT	OF I	HEALTH	AND	MENTAL	HYGIENI	E
			CERTIF	CATE	OF	DEAT	H		REG. NO.	

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE		MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, La Calvin Syl	vester Chaney			2. DATE OF OEATH DATE OF 9 20		3. TIME OF DEATN 2:05 P			
4. SOCIAL SECURITY NUMBER 219160718	5. SEX 6. AGE (in y) 1 1 1 1 68	YRS. Issi birthday) IF UNDER MONTHS	1 YEAR OF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/19/23	8. BIRT Cour	HPLACE (State or Foreign			
90. FACILITY NAME (If not institution, glass) St. Agnes Hosp	oital		TOWN OR LOCATION OF O	EATH	9c. COUNTY OF	OEATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU  MARYLAND BA	NTY	R LOCATION	D.G.		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER  2925 FLORIDA A	LTIMORE	BALTIM	ORE HIGHLAN	DS		WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	V.C  12. WAS DECEDENT EYER IN U. FORCES? 1 _XYES 2 IF YES, GIVE WAR OR DATE: W.W. II KOREA	21227 WAS DECENDENT OF HISPA Types, specify Cuben, Mexic.  YES 2 NO Specify	en, Puerto Ricen, etc.)	Blo	CE — American Indian, ck, White, etc.				
15. DECEDENT'S E (Specify only highest gr	DUCATION 16	is. OECEOENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	CCUPATION furing most of working	16b. KIND OF BU	SINESS/INDUSTRY	WILLE			
12 17. FATHER'S NAME (First, Middle, Last)	NONE	WAREHOUS		FT . MI					
GEORGE CHANEY  190. INFORMANT'S NAME (Type/Print)		VIRGIN		CHELL m, State, Zip Code)					
IRENE R. CHANEY  SAME AS 10  206. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name)  DATE 20c. LOCATION — City of Town, State									
1 Suriel 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State of cerm	OUDON PARK	lace)	10-3 BA	LTIMORE,				
21. SIGNATURE OF FUNERAL SERVICE	gon Zumbe		SINGLETON F			E. MD 21061			
23. PART I Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	or compileations that caused the List only one cause on sech	h line.		ch se cerdisc or response Avec		Approximate interval Betwee Onset and Dea			
Sequentially list conditions,	b		Vint	- Nh		154			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
PART II. Other eignificent condi	d to death but	not resulting in the un	derlying cause given in	Part i. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 3-NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	_ OTHER	26. PLACE OF DEATN (C	iheck only one)					
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigati	1 Inpatient 2 ER/Outpatie	28b, TIME OF INJURY	6 Other (Specify)  28d. OEŞCRIBE HOW	INJURY OCCUREO					
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, fact	ory, affice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
need only	HYSICIAN: To the best of my knowled					e(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CENT		h &	29c. LICENSE N			EO (Month) Day, Year)			
30. NAME AND ADDRESS OF PERSON	O COMPLETEO CAUSE OF OEATI	H (ITEM 27) (Type, Print)		re.					
31. DATE FILEO (Month, Day, Year) OCT 0 1. 1991	July Sevidson Pan			19.71					



salt permit. Pages 1, 2, 3 should

ñ	after	off o
	DOURS	d in
	24	fills
/ pn,	d within	omniataiv
00	execut	and a
3	2	ian
	certificate	ding physic
7	death	affen
Š	2	th.
2	hat	1 1/2
700	equires t	an sinner
-	*	2
₹	9	ha
1 A 1	SICIAN: T	certificate
)	F	thic
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	BAL DIRECTOR: After this certificate has been signed by the attendion physician and completely filled in by the
	OR	SIRE
_	ITAL .	RAI

	FOR 1 - STATE REGISTRAR		MARYLAND /	DEPAR ERTIF	RTMEN	OF H	IEALTH DEA	AND I	MENTAL I	HYGIEN	E 9 1	2	6549	
	1. DECEOENT'S NAME (First, Middle, Las							-	2. DATE OF MONTH	DEATH	NA .	1991	3. TIME OF DEATH	
	CHARLES WARREN	_							SEPTE	12:30Am				
	193 18 5474	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAY8	HOURS	MIN.	MAY 16,		924	S. BIRTHE Country PENN	SYLVANIA	
~	9e. FACILITY NAME (If not institution, give							ON OF DE	ATH			NTY OF DE		
DIRECTOR	VA MEDICAL CENT	ER			FOI	RT H	OWAR	<u>D</u>			BALT	TIMOR	<u>E</u>	
REC	10e. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN O	OR LOCAT	TION						10d. INSIDE CITY	
	MARYLAND BALT	TIMORE				101	. ZIP COO	F			100 CIT	LIMITS? 1 YES 2 NO		
ER/	8D BYWAY NORTH						2122	1			USA		HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI XYES 2 N	MED IO		WAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN? (S n, Puerto Rica	Specify Yee n, etc.)		14. RACE	- American Indian, White, etc.	
	71											V	White	
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondery (0-12)	College (1-4 or 5	(G/	CEDENT'S Ve kind of Do NOT u	Work done se retired.)	CCUPATIO during mo	ON ist of worki	ng	16b. KII	ND OF BUS	INESS/INC	DUSTRY	1002	
COM	17. FATHER'S NAME (First, Middle, Last)	4					18, MOT	HER'S NAI	WE (First, Midd	lle, Meiden	Sumeme)			
BE	433	ristianse							ARIE Z					
2	190. INFORMANT'S NAME (Type/Print)  CLINICAL RECORDS	7							Noute Number,					
								ROAD,	FORT					
	20e. METHOD OF DISPOSITION  1													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Metro Crematory Inc. 10/1/91 BAltimore Maryland  22. NAME AND ADDRESS OF FACILITY										aryland			
	Connelle	Lundo	O He		1 0	nne	11 175	ıner:	alHome	SUUM	70070	** 27	227	
SATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  CARCINOMA OF LUNGS WITH METASTASIS  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.													
PHYSICIAN: MEDICAL	PART II. Other significant condition  MALIGNANT HYPER	eauiting	in tha un	derlying	) cause (	given in I		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO			
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? TZ					28. PL	ACE OF O	EATH (Che	ck only one)					
YSI	t TYES 22 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence (	B Other (Sp	ecify)				
	27. MANNER OF DEATH  1 X Netural 5 Pending	28e. OATE OF (Month, D		28b. TIM INJ	E OF URY M		URY AT RK?	NO.	28d. DESCRI	BE HOW IN	JURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At honetc. (Specify)	ne, ferm, s	street, tacto				281. LOCATIO City or To	N (Street e.	nd Number	or Rural Ro	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 X CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of	my knowledge, dea	th occurre	nd at the ti	me, date	end place,	end due t	to the cause(e	) and men	ner ee state	ed.	and manner ee stated	
H	29b. SIGNATURE AND TITLE OF CERTIFI		29c. LICENSE NUM				MBER 29d. DATE S				Honth, Dey, Year)			
2	30. NAME AND AGORESS OF PERSON W BALA S. DUGGIRAL	A, M.D.	9600 NOR	27) (Type,	Print)	ROA	-		- 0	) MD	210	52	11 11	
	31. DATE FILED (Month, Day, 1667)	1 1991	A'S SIENMOURE	vidson	-Rand	400	_, <u>_</u>	JACE .	LIONALL	1 LIL	210.	16		

e and the bear when the second

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIEN									
	1. DECEDENT'S NAME (First, Middle, Last) Marian	De Lacruz		Sept 28,		3. TIME OF DEATH 9:16 a							
	4. SOCIAL SECURITY NUMBER  212-12-0108  9a. FACILITY NAME (II not institution, give	5. SEX 1 M 2 F 6. AGE (in yrs. last birthdey) 1 M 2 F 69  YRS.  Street and number)	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 7-4-1922 DEATH	Co	IRTHPLACE (State or Foreign ountry) MARYLAND							
DIRECTOR	FRANKLIN SOUARE	HOSPITAL	ROSSVILI		more, Co.								
	MARY I AND B	ALTIMORE 10c. CITY	TOWN OR LOCATION  DUNDALK  101, ZIP CODE	,		10d. INSIDE CITY LIMITS? 1 YESV 1 NO							
FUNERAL	3301 WALLFORD DR	12. WAS DECEDENT EVER IN U.S. ARMED		1222 ANIC ORIGIN? (Specify Year	и	S.A.							
ED BY F	1 Never Married 2 Married 3 V Widowed 4 Divorced	FORCES? 1 TES 2 TO NO IF YES, GIVE WAR OR OATES	1 YES 2 NO Spec	can, Puerto Ricen, etc.)	. 9	ACE — American Indien, Black, White, etc. Specify: WHITE							
Ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
COMPL	17. FATHER'S NAME (First, Middle, Last)	TLAKS DUSTNIBS	HOME MAKER 18. MOTHER'S N	IAME (First, Middle, Maiden	HOMF Surneme)								
BE (	ALBERT REINHARDT		MARY	THERESA F1	ALWACK								
10	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street end Number or Rura	l Route Number, City or Town	n, State, Zip Code)								
	CLAUDE M. RRAMRIT	200 01 405 440 04750	F COLLINGHAM D		BALTTA CATION — City of								
	11 Burlel 2 Cremetion 3 Ren	cometery, crematory or oti	PMER CEM. 10-1	1									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE / // /	22. NAME AND ADDRESS OF F	ACILITY	,	MARYLAND							
	· Charl	W Field	DUDA-RUCK FUN 7922 WISE AVE	MILE DUMMA	IV IM	LK INC. 21222							
	23. PART I. Entar the diseases, or ehock, or heart fellure.	complications that ceused the death. Do not List only one ceuse on sech line.	ot enter the mode of dying, su	ch as cardiac or respl	ratory srrest,	Approximata Interval Between							
	IMMEDIATE CAUSE (Finel												
	reaulting in desth)	s. Lung Carcino Due to (or as a consequence of	ha			4mos							
N	Charles Oblived a B												
ATIC	Sequentielly list conditions, If any, leading to immediate csuse. Enter UNDERCHYING												
IFIC	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other algnificant condition	as contributing to death but not resulting in	the underlying ceuse given in	Part i. 24a. WAS AN	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS							
MEDICAL				PERFOR		AMALABLE PRIOR TO COMPLETION OF CAUSE							
						OF DEATH?							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO												
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)  28b. TIME INJU		26d. DESCRIBE HOW IN	JURY OCCURED								
BY	1 Natural 5 Pending 2 Accident Investigation	(Monat, Day, rear)	M 1 YES 2 NO										
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, term, st building, etc. (Specify)	reet, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	Check only one)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death occurred R: On the basis of examination end/or investigation	at the time, data and piece, end due, in my opinion, death occured at the	e to the cause(s) and mani	ner es atated.	e(s) end menner es stated.							
TO BE C	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner escape. Signature—and title of certifier  29b. Signature—and title of certifier  (Nasser—, Result D(. I)  N/A  29c. LICENSE NUMBER  9/28/9)												
-		o completed cause of Death (ITEM 27) (Type, 1 000 Franklin Square D		Md 21227	.,,-	-/ -/							
	31. DATE FILED (Month 14) (War)	4.0 032. REGISTRAR'S SIGNATURE		, riu 2123/									
	2017	1993. REGISTRAR'S SIGNATURE  JUNA WANDOON-RON	della										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 costs after literal. Page 6 may be minimale by the hard physician and completely filled in by the functor page 5 should be described for use as the burst permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

RICH/OSLES 7

REGISTRAR  1. DECEDENT'S NAME (First, Middle	( last)								and the second		_	
		ROUIN						MONTH ()9		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday	IF UNDER	R 1 YEAR	IF UNDER	24 1495		OF BIRTH	21	91	5:54 p
216-80-8687	1 M 2 🗆 I		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	3-63		Counti	ry)
90. FACILITY NAME (If not institution, give street and number)  JOHNS HOPKINS HOSPITAL  90. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  BALTIMORE												
	esidence of decedent  ib. County  10c. CITY, TOWN OR LOCATION											404 INDIDE OF
MD	CARROLL	YKES								10d. INSIDE CITY LIMITS?  1 YES 2 NO		
10e. STREET AND NUMBER	IUI. ZIP COC									10g. CITIZ	EN OF V	WHAT COUNTRY?
310 Anna Lane		ENT EVED IN	II C ADMED	- 10				784				
Never Merried 2 Merrie  3 Wildowed 4 Divorced	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES						n, Puerto F	? (Specify Ye Ricen, etc.)	e or No—	14. RACE Black Speci	
15. DECEDENT	S EDUCATION	1	16e. DECEDENT'S	1	001104710	-		1		1		WHITE
(Specify only higher Elementary/Secondary (0-12)	College (1-4 or		(Give kind of	work done	during mo	on ost of workin	g	160.	KIND OF BU	ISINESS/INOL	ISTRY	
17. FATHER'S NAME (First, Middle, L.	est)					18. MOTH	TER'S NAM	ME (First, N	Aiddle, Maiden	Surneme)		
						-	THER	ESA				
19s. INFORMANT'S NAME (Type/Pro	0		19b. MAILIN	G ADDRES	S (Street e		_		er, City or Tov	vn, State, Zip	Code)	
THERESA	MOTHER		310	Anna	a La	ne,	Sykes	svill	Le, Mo	1. 21	784	
20s. METHOD OF DISPOSITION 1 Department 2 Commission 3 Commission 3 Commission 5 Commission Specific Commission Commissio	Removalyfrom State		PLACE AND DATE tery, crematory or	OF DISPOS				OATE		CATION - C	ity or To	wn, State
11. SIGNATURE OF FUNERAL SERVICE UPCASEE  22. NAME AND ADDRESS OF FACILITY  Change Transport Change Transpor												
Ron Wade, Dir.  State Anatomy Board 655 W. Baltimore St.21201  23 PART I. Enter the diseases of complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest,  Approximete												
IMMEDIATE CAUSE (Final	a or complications to liure. List only one co	hat ceused to	the deeth. Do	not enter	the mo	de of dyi	ng, such	65	5 W.	Baltin	nore	Approximete interval Between
SHOOK, OF HEALT IS	e. Our Due:	hat coused to euse on each of the euse of	the deeth. Do	not enter	the mo	de of dyi	ng, such	65	5 W.	Baltin	nore	Approximete interval Betw
sequentially liat conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	hat ceused it euse on each of the ceuse of each of the ceuse of each of the ceuse o	the deeth. Do ch line.  AR consequence of consequence of consequence of	not enter  ) 5  )F):  (F):  (F):	Adu	de of dyi	ng, such	65 1 as cerd	5 W.	Baltin	more at,	Approximete interval Betwonset and Do St. 21201  Approximete interval Betwonset and Do St. 21201  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
Sequentially liat conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART ii. Other algnificent cor	e. Out on Due out of the contributing contributing call	hat ceused it euse on each of the ceuse of each of the ceuse of each of the ceuse o	the deeth. Do ch line.  AR consequence of consequence of consequence of	not enter  ) 5  )F):  (F):  (F):	Adu	de of dyi	Spire	65 n as cerd	PISTO  24e. WAS AN PERFOI	Baltin	more at,	St.21201  Approximate interval Between Onset and De
Sequentially liat conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	e. Out Due:  d. Due:  d. HOSPITAL:	hat ceused it euse on each of the euse	the deeth. Do th line.  A R consequence of consequence of consequence of t not resulting	not enter  ) 5"  )FF:	the modern deriving	de of dyi	ng, such	65 n as cerd	DISTO	Baltin	more at,	St.21201  Approximate interval Between Onset and De Conset
Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST  PART ii. Other algnificent cores and the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST  PART ii. Other algnificent cores of the cause of	e. Out on Due of the Country one of the Country one of the Country one of the Country of the Cou	hat ceused it euse on each of the euse	the deeth. Do th line.  AR consequence of consequence of the not resulting the not resulting the deeth. Do the dee	not enter  ) 5'  )F):  /  /  /  /  /  /  /  /  /  /  /  /  /	the model of the m	de of dyi	liven in F	Part I.	24e. WAS AN PERFOI	Baltin	more at,	St.21201  Approximate interval Between Onset and De Conset
Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted eventa resulting in death) LAST  PART II. Other algnificent cor	e. Out on picture. List only one coupling out only one coupling out	net ceused it euse on each part ceused it euse on each part course it is not considered to the ceuse of the c	the deeth. Do th line.  AR consequence of consequence of the consequence of the deeth. Do the deeth.	OTHEF 4 Nun	26. PL. 3: slng Nome 28c. HJU	de of dyi	ng, such	Part I.	24e. WAS AN PERFOI	Baltin	more at,	St.21201  Approximate interval Between Onset and De Conset
Sequentially liat condition resulting in death)  Sequentially liat condition, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other algnificent conditions of the condition of	e. Out on pleations to the compleations to the compleations to the compleations to the compleations to the compleation to the c	net ceused it euse on each part ceused it euse on each part course it is not considered to the ceuse of the c	the deeth. Do th line.  A R CONSEQUENCE C C CONSEQUENCE C C C C C C C C C C C C C C C C C C C	OTHEF 4 Nun	26. PL. 3: slng Nome 28c. HJU	de of dyi	ng, such	Part I.  Ck only one 28d. DESC	24e. WAS AN PERFOI (Specify) (Specify) CRIBE NOW I	Baltin  Fratory arre  Fratory	at,  24b.	St.21201  Approximate interval Betwonset and De St.21201  Approximate interval Betwonset and De St.21201  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH?  1 YES 2 NO
thMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted eventa resulting in death) LAST  PART ii. Other algnificent corect or injury that initieted eventa resulting in death) LAST  25. WAS CASE REFERRED TO MEDIE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investig and investigation and investigatio	e. Out Due:  c. Due:  d. HOSPITAL: 1 Inpatient 2 28e. DATE (Month, author) 28e. PLACE building	hat ceused it euse on each part ceused it euse on each part of the control of the ceuse of the c	the deeth. Do th line.  Consequence of Consequence of Consequence of the deeth. Do the line.  Consequence of the line.	not enter  OF):  OTHEF  OTHER  JURY  M  attreet, tect	26. PL. 3: sling Norm 28c. INJU WOI 1 Yoory, office	ACE OF DE	end due t	Part I.  CK only one  CCK Only one	24e. WAS AN PERFOI 1 YES :	Baltin   at,  24b.	Approximate interval Between Onset and De Conset and De Co	
thMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted eventa resulting in death) LAST  PART ii. Other algnificent corect or injury that initieted eventa resulting in death) LAST  25. WAS CASE REFERRED TO MEDIE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investig and investigation and investigatio	e. Out on the best of the best	hat ceused it euse on each part ceused it euse on each part of the control of the ceuse of the c	the deeth. Do th line.  Consequence of Consequence of Consequence of the deeth. Do the line.  Consequence of the line.	not enter  OF):  OTHEF  OTHER  JURY  M  attreet, tect	26. PL. 3: sling Norm 28c. INJU WOI 1 Yoory, office	ACE OF DE	EATN (Checkeldence 8	Part I.  Ck only one  Ch Other  28t. LOCA  City o	24e. WAS AN PERFOI 1 YES :	Baltin   24b.	Approximate interval Between Onset and De On	
thMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other algnificent con EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investig a Suicide 6 Could retermine the Check only one)  2 MEDICAL EX	e. Out the best of RTIFIER  out complications to dilute. List only one court of the	hat ceused it euse on each part ceused it euse on each part part part part part part part part	the deeth. Do th line.  AR CONSEQUENCE CON	OTHER JURY M street, tect	26. PL. 3: sling Norm 28c. INJU WOI 1 Yoory, office	ACE OF DE	end due t	Part I.  Ck only one  Ch Other  28t. LOCA  City o	24e. WAS AN PERFOI 1 YES :	Baltin   24b.	St.21201  Approximete interval Betwee Onset and De Onset	

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	alth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
f hours at	lled in by	n, or rem	e medic
within 2	npletely fi	cremation	vent, th
executed	nand con	to burial,	matic e
ficate be	physician	ne prior	her trau
ath certi	tending	al Hygie	or of
the de	y the al	nd Ment	injury
es that	d pauli	ealth an	s any
v requir	реел si	t. of He	show
The lav	te has	te Dep	m 23
CIAN	ertifical	the Sta	or He
G PHYS	er this co	th with 1	narked,
ENDIN	R: Aft	ter dea	s is n
JR ATT	RECT	burs af	em 28
0	AL D	72 PK	FF
TAL	000		
HOSPITAL	FUNER	within	TANT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 26552 FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH **EVELYN** HORST DOEPKE 3. TIME OF DEATN 1 9 TAR 28 09 EVELYN DOEPKE 4:59 P. M 7. DATE OF BIRTN (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 213 36 9411 1 🗌 M 2 🔯 F YRS. 8-4-38 Maryland 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH ER TOWSON 9c. COUNTY OF DEATH GREATER BALTIMORE MEDICAL CENT ER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Balto Co Towson 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1660 Hardwick Rd USA 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO BY 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced no White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 + 2 Medical Secretary Medicine 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas C. Horst Catherine BE Nesline 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 2 Walter Doepke Hysband 1660 Hardwick Road, Towson, MD 21204 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 1 Buriel 2 Cremation 3 cemetery, crematory or other place) 4x Donation Other (Specify) Monald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 9/30/91 655 W. Baltimore St, Balto, MD 21201 plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ART I. Enter the Approximate heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finei** Onset and Death disease or condition DITATER reaulting in deeth) CERTIFICATION Sequentielly liet conditions, TO (09) AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not reculting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29a. CERTIFIER 1 \_\_\_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. CLUTT OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 19 9 8 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. PEGISTBAR'S SIGNATURE fune Davidson-Randall

31. DATE OF TROM! Day. 17991

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be field within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--	--

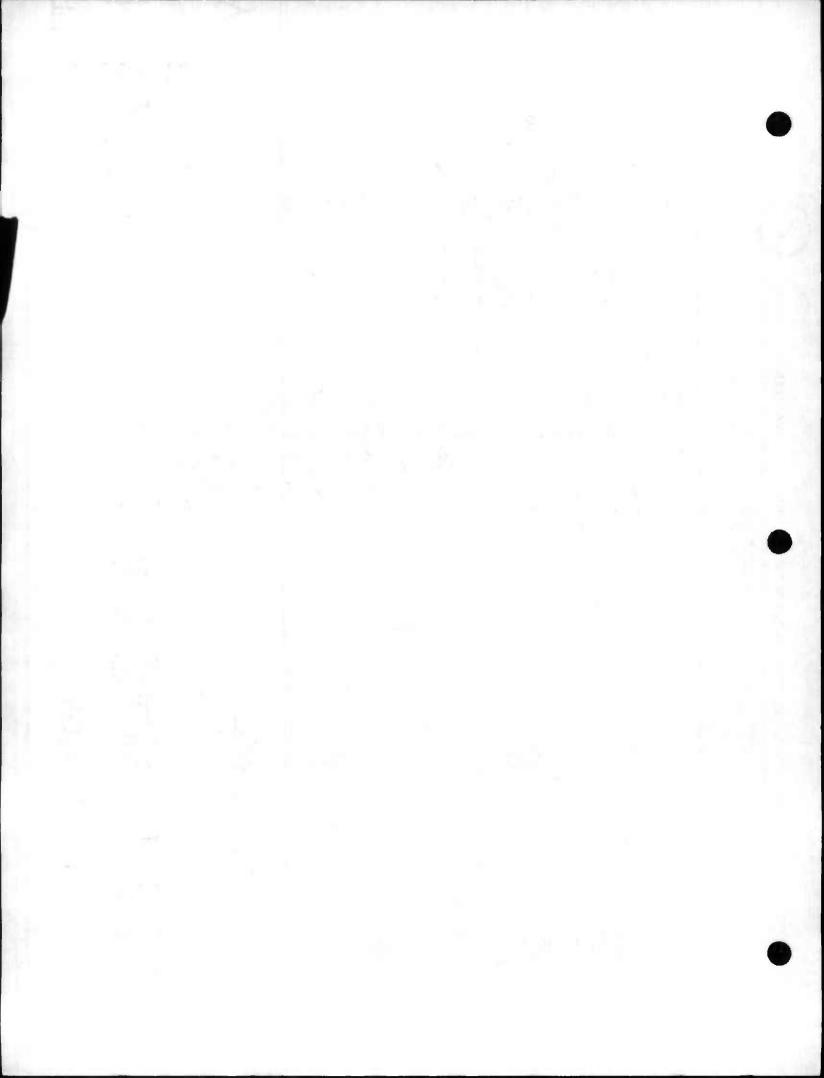
FOR STATE OF MA	ARYLAND / DEPAR'	TMENT OF H	EALTH AND I			26553
REGISTRAR		CATE OF		REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)	rham			2. DATE OF DEATH DO	7-91	3. TIME OF DEATH  505P
4. SOCIAL SECURITY NUMBER  5. SEX  1 M M 2  F	AGE (In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State of Foreign
Sa. FACILITY NAME (II not institution, give street and number)  Balto Co Gen Hospi  RESIDENCE OF DECEDENT	taf	RONG!	ALISTO U	eath Un	9c. COUNTY C	OF DEATH
10e. STATE 10b. COUNTY	10c. CITY	TOWN OF LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
S Cedar Height Ct	+ Apt D	101.	2120°	7	10g. CITIZEN	1 - 5 A
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	YES 2 NO		ecify Cuban, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION CONTROL OF CONTROL OCCUPATION CONT		16b. KINO OF BU	SINESS/INDUSTF	TY .

FUNERAL DIRECTOR BY COMPLETED 1th MOTHER'S NAME (First UMMer BE 21207 2 METHOD OF DISPOSITION 4 Donation 5 es, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or re 23. PART i. Enter the diees Approximate shock, or heart fellure. Liet only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final Cardiac Failure diseese or condition resulting in deeth) Greepholo-pathy PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): psis CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO the Cardian COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO Respiratory 25. WAS CASE AFFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED 1 (Chatural 5 Pending Investigation BY 2 Accident 26s. PLACE OF INJURY — Al home, farm, atreet, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1XI CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the 2 MEDICAL EXAMINER: On the basis of examination 296. SIGNATURE AND TITLE OF CERTIFIER BE House 2 Baltinone Courty Genofloward.

10032 REGISTRA'S SIGNATURE

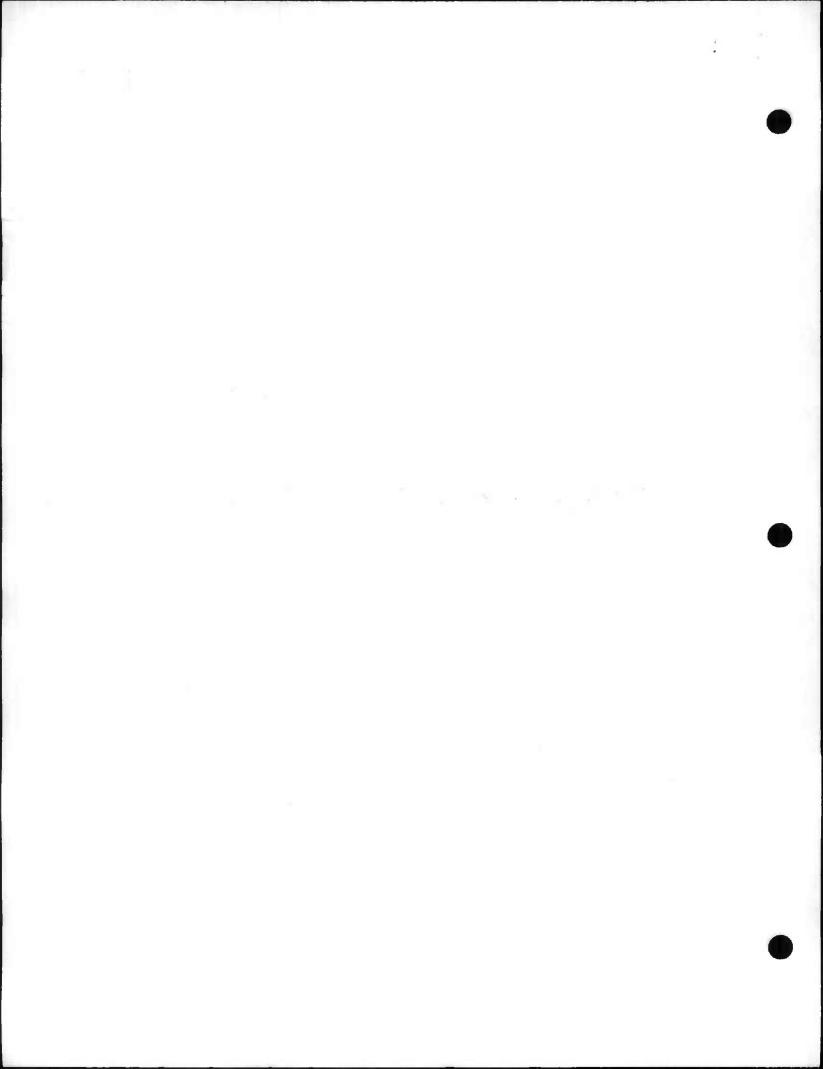
nc.



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	s after death with the State Deld. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 29 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL DR ATTENDING PHY	E FUNERAL DIRECTOR: After this	d within 72 hours after death with	RTANT: If Item 28 is marked
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

FOR	OTATE OF MADA	1440 / 0004077					91 26554				
1 - STATE REGISTRAR	STATE OF MAKY	LAND / DEPARTI CERTIFIC	ATE OF DI		REG. NO	_					
1. DECEDENT'S NAME (First, Middle, Las	et)			_		MY	year 3. TIME OF DEATH				
		onal	Davis	Jr.	September	27.	8. BIRTHPLACE (State or Foreign				
4. SOCIAL SECURITY NUMBER 081-48-4308	1 X M 2 D F 3	1 X M 2 F 36 YRS. MONTHS DAYS NOURS MIN. (Month, Day, Year) Country) MARY									
96. FACILITY NAME (If not institution, given Maryland Gene	e street end number) ral Hospital	9	ь сіту, тоwn оя ц Balti	more Ci		9c. COUN	NTY OF DEATH				
RESIDENCE OF DECEDENT											
MD ANNE ARUNDEI. LINTHICUM											
10e. STREET AND NUMBER 327 Regency Circ	cle		10f. ZIP	090		U.S.	ZEN OF WHAT COUNTRY? Δ				
11. MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	13. WAS DECEND If yes, specify	ENT OF HISPANI	C ORIGIN? (Specify Yes, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, etc. Specify:				
3 Wildowed 4 Divorced	ii ves, dive tan on	DATES	1 123 2 2	ALINO Specify.			WHITE				
15. DECEDENT'S E (Specify only highest gr	ade completed)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION is done during most of retired.)	working	16b. KIND OF BU	JSINESS/IND					
Elementery/Secondary (0-12)	College (1-4 or 5+)	DES	K CLERK		RAMADA	TMM					
17. FATHER'S NAME (First, Middle, Last)		DEO		MOTHER'S NAM	AE (First, Middle, Maide						
LoVan Danal Day	ia Cm		1			,					
LeVan Donal Day:	IS, Sr.	19b, MAILING A			Knight Oute Number, City or To	wn. State. Zio	Code)				
Wolon I Vnicht						,					
Helen J. Knight		Same a		v. cremetory or	20c. L	DCATION -	City or Town, State				
1 X Buriet 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place)									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061											
23. PART I. Enter the diseases shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Sepsis	eed the daeth. Do not each lina.	t enter the mode	of dying, such	n as cerdiec or reep	piratory en	rest, Approximate Interval Betwee Onset and Dest				
On any and the first are distant		Immune De		Syndro	me						
Sequantially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):									
CAUSE (Disease or injury	C										
thet initiated evants resulting in dasth) LAST	d	S A CONSEQUENCE OF):									
PART II. Other significant condi-	tions contributing to deat	but not resulting in	the underlying or	uee alven in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
					PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
		**					1 12 2 10				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	OF DEATH (Che	eck only one)						
1 TYES 2 X NO	1/2 Inpatient 2 ER/0		Nursing Home								
1 Naturel 5 Pending 2 Accident trestigation	28a. DATE OF INJUF (Month, Day, Yea		RY WORK?		28d. DEŞCRIBE HOW INJURY OCCURED						
a Deviate	building, etc. (S	IRY — At home, farm, str pecify)	eet, factory, office		28f. LOCATION (Stree City or Town, Staff		er or Rural Route Number,				
(orack oray g	HYSICIAN: To the best of my kn						ited.				
29b. SIGNATURE AND TITLE OF CERT,				c. LICENSE NUN			TE SIGNED (Month, Day, Year)				
N. Hamust	> M.D.			n/a		29d. UAI	9-27-91				
Nicholas Hami	who completed cause of ush, M.D.	DEATH (ITEM 27) (Type, F		ryland	General H	ospit	al				

c/o Maryland General Hospital



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the second death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, the second of the second physician and organization or removal. If the second of the second the second the second of the second physician and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

					-11111	ICATE	OF	JEAI	I I I	REG. NO	).			
	1. DECEDENT'S NAME (First, Florence	HEI	len I	onnel	14					2. DATE OF DEATH		YEAR	3. TIME OF DEATH 0238 A-M	
	4. SOCIAL SECURITY NUMB 214-74-0338		5. SEX	6. AGE (In yrs. las	YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/03/06		Country	PLACE (State or Foreign y) yland	
	90. FACILITY NAME (If not in:	stitution, give s	street end number)			9b. CITY, T	OWN OR	LOCATIO	ON OF DE		9c. COUNT			
DIRECTOR	St. Agnes He		al				alti				Baltimore			
E S	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATIO	N					10d. INSIDE CITY	
	Maryland 100. STREET AND NUMBER	Balt	imore			ltimo					1 X YES			
FUNERAL	2050 Griffis	s Aven	nue			101. ZIP CODE 21230						N OF W	HAT COUNTRY?	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13, W	S DECEN	DENT O	F HISPANI	C ORIGIN? (Specify Yes			- American Indian.	
ВУ	1 Never Merried 2 X 3 Widowed 4 Divoc	Ю	11/3	es, speci	fy Cuber	n, Mexicen Specify:	, Puerto Rican, etc.)		Black, Specify	, White, elc.				
	15, DECE	EDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCC	UPATION			16b. KIND OF BUS	SINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (0-	highest grade	College (1-4 or 5 +	·)	Do NOT us		ing most	of working	g					
OMP	6 17. FATHER'S NAME (First, Mi	ddle, Last)		НС	mema	ker				self				
BE C	Frederick Lo									NE (First, Middle, Maiden	Sumame)			
	190. INFORMANT'S NAME (Ty	rpe/Print)		198	. MAILING	ADDRESS (S				oute Number, City or Tow	n. State. Zip Co	ode)		
10	Albert M. Do		У							Baltimore,			đ 21230	
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremation  4 Departure 5 Char	n 3 🗆 Rem	oval from State	20h PLACEA	MODATE	AF DISPOSITI	OM/Morne	of		0475 000 10	CATION OF		PART	
	1 X Burlet 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY													
	> Joseph	J. C	Imbra,	Ji.		Amb	rose	Fui	nera	l Home, In oring Rd.	nc. Arbuti	us.	Marvland	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. Caudian dyshrythmans  DUE TO (OR AS A CONSEQUENCE OF): .  C. DUE TO (OR AS A CONSEQUENCE OF): .  DUE TO (OR AS A CONSEQUENCE OF): .											7		
	PART II. Other eignificer	nt condition	a contributing to	death but not re	euitina i	n the unde	riving c	euse o	Iven In P	Part I. 24e, WAS AN	AllWoody	1 045 1	WERE AUTOPSY FINDINGS	
MEDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PLAC	E OF DE	ATH (Chec	k only one)				
Z S	1 TES 2 NO		1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home	5 🗆 Res	idence 8	☐ Other (Specify)				
ву РН	27. MANNER OF DEATH  1 Neturel 5 P  2 Accident In	ending	28e. DATE OF (Month, De		28b. TIME	URY	c. INJURY WORK	?		28d. DESCRIBE HOW IN	YJURY OCCUP	NED		
8	3 Suicide 8 C	could not be etermined	28e. PLACE OF building, o	INJURY — Al honetc. (Specify)	ne, ferm, s	treel, factory	office		1	281. LOCATION (Street a City or Town, State)	nd Number or	Rurei Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFICATION CERTIFICAT	FYING PHYSI	CIAN: To the best of ax	my knowledge, des	ith occurre	d at the lime	, deta and	d place,	end due to	o the cause(a) and man	ner as stated.	BUS0(S)	end menner as stated.	
BE	296. SIGNATURE AND TITUE O	M	cer,	7			2	y. L)CE	SE NUMB	182	29d. DATE SI	IGNED (	Month, Day, Year)	
2	30. NAME AND ADDRESS OF WILL I M	PERSON WHO	COMPLETED CAUS	Sell ITEM	27) (Type,	Print	10	2	50	MOP AVE	KA	5	MO 2/278	
	31. DATE FILED (Month, Day, Ye OCT 0 1 1	991	Julia David	S SIGNATURE	02						7710		w diag	

		REGISTRAR		
		* DECEDENT'S NAME (First, Middle, Last)		
		-	ROBERT	TR
		4. SOCIAL SECURITY NUMBER		. AGE (in
\ =		234 26 1053	1 M 2 F	_73
3 should	-	9a. FACILITY NAME (If not institution, give	atreet and number)	
7 %	2	VA MEDICAL CENTER		
/ 0 2	S S	HESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	гу	
020 physician. buria-transit permit. Pages	FUNERAL DIRECTOR	MARYLAND BA	LTIMORE	_
sit per	RAL	100. STREET AND NUMBER 8045 KIMBERLY RO		
-trans	×	11. MARITAL STATUS	12. WAS DECEDENT I	EVED IN I
DZ physical		1 Never Married 2 Married	FORCES? 1	YES
0-19-au	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	WW T
5 a s		15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or aircanding physician and completely filled in by the funeral director, page 5 should be detached for use 4s the burish transcentificate but of Health and Mental Hygiene prior to burial, cremation, or removal.  Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED	Elementary/Secondary (0-12) 9TH GRADE	College (1-4 or 5+)	
MARYLAND 2: retained by the hospital of should be detached for notified at once.	NO.	17. FATHER'S NAME (First, Middle, Last)		
RYL ad by at	BE (	THOMAS FREELAND		
MA etaine shou	2	19a. INFORMANT'S NAME (Type/Print) REBECCA E. FREEL	AMO	
E, P		20a. METHOD OF DISPOSITION	ANU	I
OR B B B B B B B B B B B B B B B B B B B		1 Suriat 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	20b. P
Page at dire		21. DONATURE OF FUNERAL SERVICE LA	CEMBEE // //	THO
O. BOX 68760,  BALTIMORE, MAR's entificate be executed within 24 flours after death. Page 6 may be retained ing physician and completely filled in by the funeral director, page 5 should righene prior to burial, cremation, or removal.  other traumatic event, the medical examiner must be notified		· Chort W	. Fish	1
BS, P.O. BOX 68760, he death certificate be executed within 24 frours after the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal nijury, or other traumatic event, the medical		23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that c	aused t
filled on, o		IMMEDIATE CAUSE (Final		
within 24 rangeletely filler cremation.		disease or condition resulting in death)	. PNEUMON	TA
76( ed w compl al, cr			TOUE TO (O	AS A C
becuted and com burial,	O	Sequantially list conditions,	b	0 A 2 A C
O X be be be icidan nior to	AT	if any, lasding to immediata csuse. Enter UNDERLYING	502 10 (01	T AS A C
. B ificate phys one p	F.	CAUSE (Disease or injury that initiated events	C. DUE TO (OI	AS A C
O.O. nding Hygie	F	resulting in daeth) LAST		
CORDS, P.O. BOX 68760, res that the death certificate be executed within signed by the attending physician and complete leath and Mental Hygiene prior to burial, crem vs any Injury, or other traumatic event,	EDICAL CERTIFICATION	DADT II Oh	w	
AD at the by the Ind M	¥	PART II. Other significant condition	7.5	
ECORI luires that the signed by Health and Jows any In	ă	EPTLEPSY - LEFT	BELOW KNEE	_AME
REC requires been sign of Hea		MULTIPLE SCLEROS	IS WITH PA	RAPI
AL F has be Dept.	PHYSICIAN: M			
N: The ficate h State I	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	
CIAN ICIAN the S	IYS	1 YES 2 NO 27. MANNER OF DEATH	1X Inpatient 2 🗆 El	
NG PHYS fler this ceath with marked,	4	1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	
ON DING F After death s mar	BY	2 Accident Investigation	20 5 405 05 11	
DIVISION OF VITAL RE. OR ATTENDING PHYSICIAN: The law requi DIRECTOR: After this certificate has been s hours after death with the State Dept. of H liem 28 is marked, or item 23 show	COMPLETED BY	3 Suicide 6 Could not be detarmined	28a. PLACE OF II building, etc	
DIV OR AI DIRECTOURS NourS	IE.	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	han t
	JMP	0001	R: On the beat of my	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	ŏ	29b. SIGNATURE AND TITLE OF CERTIFIE		
	BE		2	10
668₹	2	30. NAME AND ADDRESS OF PERSON WH	O COURT COURT	

1 DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH		
1000000		ROBE	RT TROY	FREE	LAN	D			09 29	NY.	YEAR Q1	9:45 P M		
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (in yrs. la		IF UN	DER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		6. BIRTHE	LACE (State or Foreign		
234 26 1053	3	1 M 2   F	73	YRS.	MONTH	IS DAYE	HOURS	MIN.	(Month, Day, Year) 5/18/18		Country	)		
9a. FACILITY NAME (If not in		reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH						WEST VIRGINIA  OC. COUNTY OF DEATH			
VΔ MEDICAL C	ENTER			İ	FORT HOWARD						BALTIMORE			
HESIDENCE OF DEC	10b. COUNTY			1							* 1132 11	TOTAL		
IVE. STATE				10c. CIT	Y, TOW	N OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
MARYT AND NUMBER	BAI	TIMORE					DALK					1 YES 2 NO		
8045 KIMBER	T TO DOA	D				101	ZIP COD	E 1222		_	_	HAT COUNTRY?		
11. MARITAL STATUS	LI NOA									US	A			
1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2 1	NO NO	1	I3. WAS DEC	ENDENT ( clfy Cuba	OF HISPAN In, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	14. RACE Black,	American Indian,     White, atc.		
3 Widowed 4 Divo	rced	IF YES, GIVE W	WW TT			1 TYES	2 ₹ NO	Specify	<i>!</i> :		Specify			
15. DECI	EDENT'S EDUC	ATION	16a. DE			OCCUPATIO			16b. KIND OF BUS	INESS/IND	WHI	TE		
Elementary/Secondary (0-	highest grade (	College (1-4 or 5 a		ive kind of v . Do NOT us	work do	ne during mo d.)	st of working	ng						
9TH GRADE"		N/A		EET.WC	RKI	ER01	LER		BETHLEH	IFM S	TEEL.	CORP.		
17. FATHER'S NAME (First, Mi	iddle, Lest)							HER'S NA	ME (First, Middle, Malden :		72200	GOILE (		
THOMAS FREE	LAND								H EDDIE					
19a. INFORMANT'S NAME (Ty			19	b. MAILING	ADDRI	ESS (Street a	nd Number	or Rural I	Route Number, City or Town	, State, Zip	Code)			
REBECCA E.	FREELA	IND	'80	145 K	IMB	ERLY	ROAD	B	ALTIMORE,	MARY	LAND	21222		
20a. METHOD OF OISPOSITE 1   Burlat 2 □ Cremation	ON 3 D Bemo	wel from State	20b. PLACE	AND DATE (	OF DISP	OSITION (Na	na of		OATE 20c. LOC	ATION —	City or Tow	rn, Stata		
4 Donation 6 Dother	(Specify)	-	cemetery, cre			EMORT.	AI	10-2				IARYLAND		
21. SIGNATURE OF FUNERAL	SERVICE LICE	per /	1		2	2. NAME AN	D AOORE	SS OF FA	CILITY		•			
* (hor	LW.	tish	1			DUDA-	RUCK	FUN	ERAL HOME			K INC.		
23. PART I. Enter the dis	eaeses, or co	omplications that	caused the de	ath Don	ot ant	7922	WISE	AVE	NUE DUND	ALK	MD	21222		
allock, of the	iart randre. L	ist only one cau	se on aach lina	1.		ar the mo	a or uy	ing, suci	r ss cardiac or respir	etory sn	eat,	Approximata intarvai Batween		
IMMEDIATE CAUSE (Find disease or condition	ai											Onset and Death		
resulting in death)	•	- PNEUMC	OR AS A CONSE	OUENCE OF	a.									
	_			DOLINOL OF	<i>y</i> -									
Sequentially list condition if any, lasting to immediate		DUE TO	OR AS A CONSE	DUENCE OF	7:									
cause. Enter UNDERLYIF	NG													
CAUSE (Disesse or injur that initiated events	y _ ~	DUE TO	OR AS A CONSEC	DUENCE OF	7:							+		
resulting in dasth) LAST												[		
PART II Other significan	at conditions	nambulht												
PART II. Other significan						underlying	cause g	ivan in	Part i. 24a. WAS AN A PERFORE			WERE AUTOPSY FINDINGS		
EPILEPSY -					1				1 [] YES 2	NO NO	(	COMPLETION OF CAUSE OF DEATH?		
MULTIPLE SC	LEROSI	S WITH P	ARAPLEG	IA							1	YES 2 NO		
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			ОТН		ACE OF O	EATH (Che	ck only one)					
1 YES 27 NO 27. MANNER OF DEATH		1X Inpatient 2		□ DOA			5 🗆 Ra	sidence	8 Other (Specify)					
-	Pending	28a. DATE OF (Month, Da		26b. TIME INJ	URY	28c, INJL WOI	łK?		28d. OEŞCRIBE HOW IN	JURY OCC	URED			
2 Accident In	rveatigation				М		ES 2 [	NO						
	Could not be	28a, PLACE Of building,	INJURY — At ho etc. (Specify)	me, term, s	treet, to	ectory, office			281. LOCATION (Street ar City or Town, State)	nd Number	or Rural Roo	ute Number,		
(Check only	FYING PHYSICI	AN: To the best of	my knowledga, de	ath occurre	d at the	time, data	end place,	and dua	to the cause(a) and menn	or as state	ed.			
one) 2 MEDIC	CAL EXAMINER	On the basis of ax	emination and/or i	nvestigation	n, In my	opinion, de	ath occur	ed at the	Itme, data and placa, and	dua to th	e cause(a) (	and menner as stated.		
29b. SIGNATURE AND TITLE		2	han				29s. LICE	_				Vonth, Diry, Year)		
		Do	Jow	_		- 1	Da	505	28	<b>&gt;</b> 0	3/20	-101		
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OEATH (ITER	4 27) (Type,	Print)				0		110	4		
DR. M. BATA	DUGGT	RALA. M	D. 960	O NOR	HT	POTNI	ROA	D. F	T HOWARD,	MARV	TAND	21052		
11. DATE FILED (Month, Day, Y	bar)	32. REGISTRAI		2 1101	41	T OTTI	. 1101	<u></u>	T HOHEHU,	TH FILL	TTHU	41024		

555° IR

\_2017

BOX 68760,
3, P.O
RECORDS
OF VITAL
ONOISI
DIVISI

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burlal, cremation, or removal.

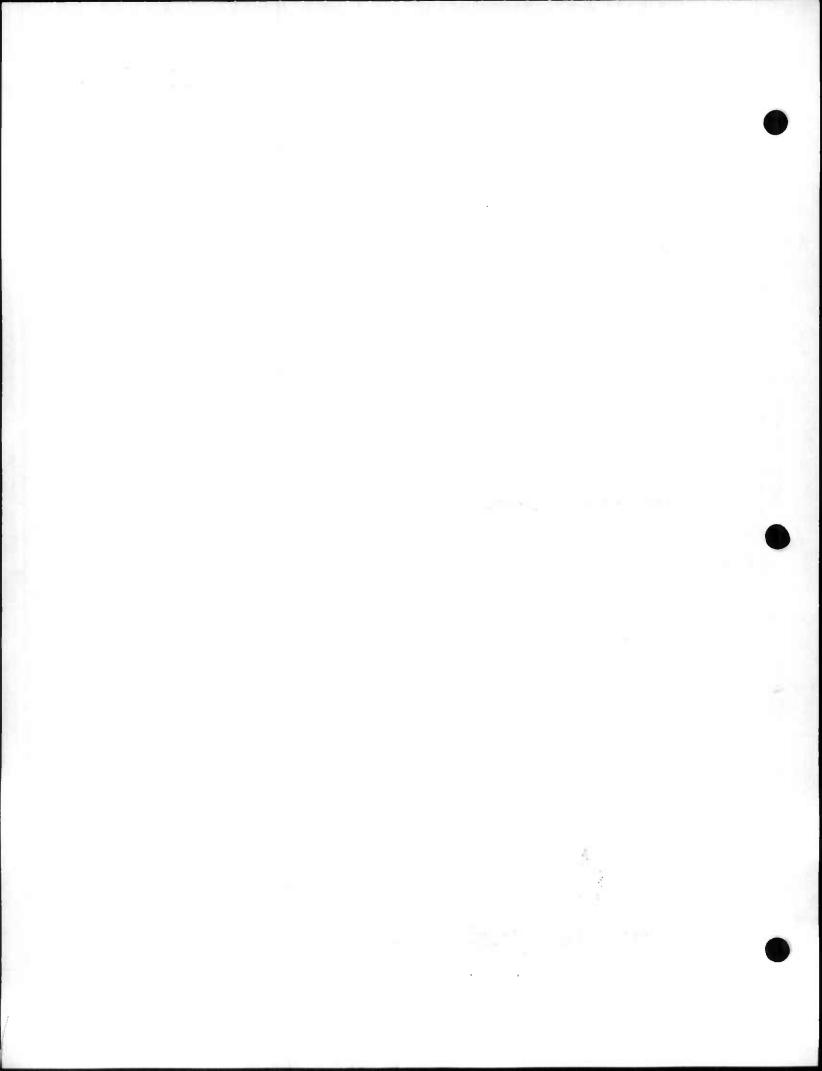
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1

FOR STATE REGISTRAR		STATE OF I	MARYLAND / DEPAR	RTMENT	OF I	IEALTH DEAT	AND N	REG. NO	E		557
1. DECEDENT'S NAME (First	t, Middle, Last)	NICK	(Alston)	FOL	(S			2. DATE OF DEATH OF MONTH	2-24-	9.1 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  Newborn  5. SEX  6. AGE (III			6. AGE (In yrs. last birthday) YRS.	IF UNDER	DAYS			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fi Country)	
UNIV. OF	MD	HUSPITE	١	96. CITY, TOWN OR LOCATION OF DEATH  BC. COUNTY OF DEATH  BC. COUNTY OF DEATH							
10e. STATE MD	10b. COUNTY	na	10c. CIT	Y, TOWN OF Ba		nore					10d. INSIDE CITY LIMITS? 1 X YES 2 \( \) NO
100. STREET AND NUMBER 2131 Wat	21201					USA	WHAT COUNTRY?				
11. MARITAL STATUS  1 Never Merried 2 3 Divo	IT EVER IN U.S. ARMED YES 2 NO WAR OR DATES	14	yea, sp	ENDENT Cocky Cuba	n, Mexicen	IC ORIGIN? (Specify Yan, Puerto Rican, etc.)	or No—	14. RACI Black Spec	E — American Indian, k, Whita, atc.		
	EDENT'S EDUC y highest grade		16a. DECEDENT'S (Give kind of	work done di	CUPATIO	ON est of working	ng	16b. KIND OF BU	SINESS/IN	OUSTRY	

	MICK	FUIRS							7.	24.	1/		220 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER	I YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF I	40 4	0.	BIRTHI     Country	PLACE (State or Foreign
	Newborn			1H5.			2	35		24.			MD
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  UNIV. OF MD HUSPITAL  RESIDENCE OF DECEDENT  9c. COUNTY OF DEATH												
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y. TOWN C	R LOCAT	ION				-		10d. INSIDE CITY
HIG	MD	na			Ва	ltim	ore						LIMITS?
7	10e. STREET AND NUMBER					104	. ZIP CODE				40- 017		1X YES 2 NO
FUNERAL	2131 Watty Court					101		2120	1		10g. CITIZEN OF WHAT COUNTRY?		
Ž	11. MARITAL STATUS	12. WAS DECEDENT	FVED IN ITS	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGI			0.001011010		1000	USA			
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO		f yea, spe	elfy Cuba	n, Maxican	, Puerto Rica	pecify Yea n, etc.)	or No-	14. RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	164	. DECEDENT'S	USUAL O	CUPATIO	N .		16b. KIN	ID OF BUS	SINESS/INC	DUSTRY	
m	Elementary/Secondary (0-12)	College (1-4 or 5 +)	,	(Give kind of life. Do NOT u.	work done ( se retired.)	during mo:	st of workin	g					
F													
ğ	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	AE (First, Midd	le, Malden	Sumame)		
BE C	Nick Folks								Alst		,		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			oute Number, (		, State, Zio	Code)	
임	Valerie Alston	Moth	her						ore, l			,	
	20a. METHOO OF DISPOSITION		20b. PLA	CE AND DATE	OF DISPOS	ITION/Na	me of		OATE	20c. LO	CATION —	City or Tow	rn. Stata
	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ※ Donation 5 ☐ Other (Specify)	noval from Stata		y, crematory or o								on, o. 101	, otata
	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE /			22.	NAME AN	O ADDRES	S OF FAC	ILITY				
	1 201 11			e, Dir					St			omy B	oard
_	January)		9/30,						ore St				21201
	23. FART i. Entar tha disaeses, or shock, or heart failure.	complications that List only one ceus	caused the	death. Do i	not anter	tha mod	de of dyle	ng, such	sa cardiec	or raspi	ratory arr	rast,	Approximats
	IMMEDIATE CAUSE (Final				0								Interval Between Onset and Daath
	disease or condition resulting in dasth)	disease or condition								0.11.1			
	DUE TO (OR AS A CONSEQUENCE OF):											12-12-64	
				NSEQUENCE O	F):	<i>AUJ</i>	LYTH	1					2-12hu.
N	Samuel allow the analysis of			NSEQUENCE O	F):	<i>xus</i>	LNH	1					2-12hu.
TION	Sequantially list conditions, if any, leading to immediata	DUE TO (	OR AS A CO	NSEQUENCE O		105-	ank 0	<del> </del>					2012hu.
ICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (	OR AS A COL	NSEQUENCE O	F):	ag-	NH O	1					2-12hu.
TIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A COL		F):	aaj-	ink 0	1					Zolehu.
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (	OR AS A COL	NSEQUENCE O	F):	a a j-a	ink 0	1					2-12hu.
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (	OR AS A COP	NSEQUENCE O	F):				Part i. 24s	WASAN	ALITOPEV	240	
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A COP	NSEQUENCE O	F):					. WAS AN	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (	OR AS A COP	NSEQUENCE O	F):						MED?		WERE AUTOPSY FINDINGS
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (	OR AS A COP	NSEQUENCE O	F):					PERFOR	MED?		WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (	OR AS A COP	NSEQUENCE O	F):	derlying	cause g	iven in F	t [	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (  DUE TO (  DUE TO (  d	OR AS A COP	NSEQUENCE OF	F): F): In the un	deriying 26. PL	cause g	iven in F		PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (  DUE TO (  DUE TO (  d	OR AS A COP OR AS A COP death but n	NSEQUENCE OF THE PROPERTY OF T	F):  In the un  OTHER 4   Num	derlying 26. PL. I: ing Home	cause g	iven in F	t [	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: MEDICAL	If arry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (  DUE TO (  DUE TO (  d	OR AS A COM OR AS A COM death but in ER/Outpatien	NSEQUENCE OF SEQUENCE OF SEQUE	F):  In the un  OTHER 4   Num	deriying 26. PL 1:	ACE OF DE	iven in F	t [	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (  DUE TO	OR AS A COM OR AS A COM OR AS A COM death but in ER/Outpatien	NSEQUENCE OF SEQUENCE OF SEQUE	OTHER 4   Num	26. PL. I: ing Home 28c. INJL WOI 1  Y	ACE OF DE	EATH (Check sidence 6	ck only one)	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A COM OR AS A COM OR AS A COM death but in ER/Outpatien	NSEQUENCE OF SEQUENCE OF SEQUE	OTHER 4   Num	26. PL. I: ing Home 28c. INJL WOI 1  Y	ACE OF DE	EATH (Checkeldence 6	t [   t       t       Other (Sp 28d. DESCRIII 281. LOCATIO	PERFORE VES 2  ocity)  BE HOW IN	MED?	CUREO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be datarmined	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A CONTROL OR AS A CONTRO	NSEQUENCE OF SEQUENCE OF SEQUE	OTHER 4   Num	26. PL. I: ing Home 28c. INJL WOI 1  Y	ACE OF DE	EATH (Checkeldence 6	t [   t       t       Other (Sp 28d. DESCRIII 281. LOCATIO	PERFOR	MED?	CUREO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 29 Accident Investigation 3 Suicide 8 Could not be datermined  29a. CERTIFIER (Check only)	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A CONTROL OR AS A CONTRO	In the state of th	OTHER 4   Nurse E OF URY M	26. PL. I: ing Home 28c. INJL WOI 1 Yery, office	ACE OF DE	EATH (Check sidence 6	t [ Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	PERFORM TES 2  ocity)  BE HOW IN  N (Street a wm, State)	MED?  NO	CUREO  or Rurel Ro	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BY PHYSICIAN: MEDICAL	If arry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A CONTROL OR AS A CONTRO	nsequence of nsequence of sequence of a sequence of se	OTHER 4 Num	26. PLL: ing Home 28c. (NJL WOI 1 Yory, office	ACE OF DE	EATH (Check sidence 6	t [ Ck only one) Charles Call City or To	PERFORM  VES 2  ocity)  BE HOW IN  N (Street a wm, State)	MED? NO  NO  NO  NO  NUMBER  NO  NUMBER  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	or Rurel Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 29 Accident Investigation 3 Suicide 8 Could not be datermined  29a. CERTIFIER (Check only)	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A CONTROL OR AS A CONTRO	nsequence of nsequence of sequence of a sequence of se	OTHER 4 Num	26. PLL: ing Home 28c. (NJL WOI 1 Yory, office	ACE OF DE	EATH (Check sidence 6	t [  ck only one)  Other (Sp 28d. DESCRIII  28f. LOCATIO City or To  o the cause(a line, data and	PERFORM  VES 2  ocity)  BE HOW IN  N (Street a wm, State)	MED?  NO  NO  NUMBER  NO  NUMBER  No  Number	or Rural Ac	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 8  Could not be datermined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINER	DUE TO (  b. DUE TO (  c. DUE TO (  d	OR AS A CONTROL OR AS A CONTRO	nsequence of nsequence of sequence of a sequence of se	OTHER 4 Num	26. PLL: ing Home 28c. (NJL WOI 1 Yory, office	ACE OF DE	EATH (Check sidence 6) NO and due to the total sidence and due to the total sidence and si	t [  ck only one)  Other (Sp 28d. DESCRIII  28f. LOCATIO City or To  o the cause(a line, data and	PERFORM  VES 2  ocity)  BE HOW IN  N (Street a wm, State)	MED?  NO  NO  NUMBER  NO  NUMBER  No Number	or Rural Ac	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 4 Homicide datermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CONTROL OR AS A CONTRO	NSEQUENCE OF SEQUENCE OF SEQUE	OTHER 4 Num E OF UNY M streat, factor od at the ti	26. PLL: ing Home 28c. (NJL WOI 1 Yory, office	ACE OF DE	EATH (Check sidence 6) NO and due to the total sidence and due to the total sidence and si	t [  ck only one)  Other (Sp 28d. DESCRIII  28f. LOCATIO City or To  o the cause(a line, data and	PERFORM  VES 2  ocity)  BE HOW IN  N (Street a wm, State)	MED?  NO  NO  NUMBER  NO  NUMBER  No Number	or Rural Ac	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 29 Accident Investigation 3 Suicide 8 Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CONTROL OR AS A CONTRO	nsequence of security and security of the secu	OTHER 4 Num E OF URY M street, fector, in my of	26. PL. I: ing Home 28c. INJI WOI 1 Yeary, offica	ACE OF DE	NO NO and due to det the tr	t [   Other (Sp 28d, DESCRIII 28f, LOCATIO City or To the cause(a time, data and BER   8 2	PERFORE TES 2  ecity) BE HOW IN N (Street a wwn, State) ) and man place, and	MED?  NO  NUMBER   or Rurel Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	



3		
Delacti		Once
3		7
DINOUS O	te Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	m 23 shows any injury or other traumatic event, the medical examiner must be notified at once
rage		4
ופכונוי		must
פופו		miner
2	al.	BX3
5	VOLUE VOLUE	lical
5	00	me
OIIII	Bon.	the
Pictoria	crema	Vent
500	inial.	9 3
d'R	to b	mat
Silda	prior	trans
5	ene	her
2	Hygi	0 70
alte	ental	2
N Bie	M P	inla
2	h an	Aug
SIG	Healt	200
1000	0	eho
Ids L	Dept	23
10	0	8

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF HEALTH		NTAL HYGIENE REG. NO.		
I. DECEDENT'S NAME (First, Middle, Les DANIEL		EENEY		2.	DATE OF DEATH DAY 9 26	91°	3. TIME OF DEATH  1: 15AM
SOCIAL SECURITY NUMBER		()	FUNDER 1 YEAR IF UNDER	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
212-50-6199	1 XXM 2 □ F	36 YRS.	MITAS DATS HOURS		9-16-55		yland
. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWN OR LOCAT	ION OF DEATI	H 9с.	COUNTY OF	DEATH
1324 Gittings	Avenue		Baltimor	е		N/A	
De. STATE 10b. COUR	пу	10c. CITY, T	TOWN OR LOCATION				10d. INSIDE CITY
Maryland	N/A	Bal	timore.				XXXES 2 NO
e. STREET AND NUMBER			10f. ZIP COD	DE	10g	. CITIZEN OF	WHAT COUNTRY?
1324 Gittings				239		USA	
I. MARITAL STATUS    Never Merried 2 X Married     Widowed 4   Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	RINUS, ARMED S 2000 DATES	13. WAS DECENDENT If yes, specify Cub 1 ☐ YES 🏋 🙌	an, Maxican, F	ORIGIN? (Specify Yee or No Puarto Rican, etc.)	o 14. RAC Blac Spec	E — American Indian, ek, Whita, etc.  White
15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S US	k done during most of work	ina	16b. KIND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	etired.)	6.7			
	5	Sale	s/Marketin				
FATHER'S NAME (First, Middle, Last)	-					,	
Daniel Norton	Feeney					Food  it, Middle, Maiden Surnerne)  h Celeste Henne;  umber, City or Town, State, Zip Code)  timore, Maryland  ATE 20c. LOCATION — City or To	
. INFORMANT'S NAME (Type/Print)			- Charles and a second		- O		
S.Feeney				nue Ba			
a. METHOD OF DISPOSITION    Yourial 2   Cremation 3   Re   Donation 5   Other (Specify)	emoval from Stata	206. PLACE AND DATE Of cemetary, crematory or Parkwood Ce	other place) emetery		9/30 Baltin	-	
Dennis Stepi 3. PART I. Enter the diseases, of	hen Xenakis			Mi Road	tchell-Wied Baltimore,	Maryl	
isease or condition esuiting in death)  sequentielty list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	b. pulma DUE TO (OR A		tustasis,	meh	juant et	res in	Onset and De 2 m.
ART II. Other algnificant condit	one contributing to deat	h but not resulting in	the underlying ceuse	given in Pa	24e. WAS AN AUTO PERFORMED	2	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.0	26. PLACE OF	DEATH (Check	only one)		
1 TYES 2 NO	1 Inpatient 2 ER/C	Outpatient 3 DOA 4	OTHER:				
MANNER OF OEATH  1 Natural 5 Pending	26a. DATE OF INJUI (Month, Day, Yea		OF 26c, INJURY AT WORK?  M 1 YES 2		8d. DESCRIBE HOW INJUR	TY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJ	URY Al home, farm, stre Specify)			81. LOCATION (Street and h City or Town, State)	lumber or Rural	Route Number,
one)	YSICIAN: To the best of my ki		In my opinion, death occ		ne, data and place, and du	e to the cause	(s) and manner as state  (ii) (Month/Day, Year)
O. NAME AND ADDRESS OF PERSON	rochew	0	D	183		9/2	26/91
	how Johns Ho					/	
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	avidson-Randal	2				

Baltimore

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

21236

21212

Approximete

Interval Batw

WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

Specify:

1 YES 2 X NO

White

BOX 68760,

P.O.

DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND 2121

once.

notified at ş must examiner medicai the event. traumatic or other any 23 6 marked,

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH M991 FREDERICK POTTEIGER FRAUNFELTER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Aug. 20, 196-05-3435 1 X M 2 F 1917 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph Hospital Towson 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 109. CITIZEN OF WNAT COUNTRY? 7915 Hillendale Rd. 21236 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No --1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 TES 2 XNO Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years Machinist National Can Co. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Malden Surname) Louis FRaunfelter Amy Potteiger 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jean Potts Fraunfelter 7915 Hillendale Rd. Baltimore, Md. 20a METHOD OF DISPOSITION

W. ABuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Dulaney Valley Mem. Bdns 10/2 □ Donetion 5 □ Other (Specify) Timonium, Md. 21. SIGNATURE OF BUILD SERVICE LICENSEE Witchell-Wiedefeld Home, Inc. Burnside, Sr. 0 dames 6500 York Rd. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or reepiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 HO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 7 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide

1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the Design of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated.

29d, DATE SIGNED (Month, Day, Year) 30

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1991

DNMH-16 Rev 1/89

10

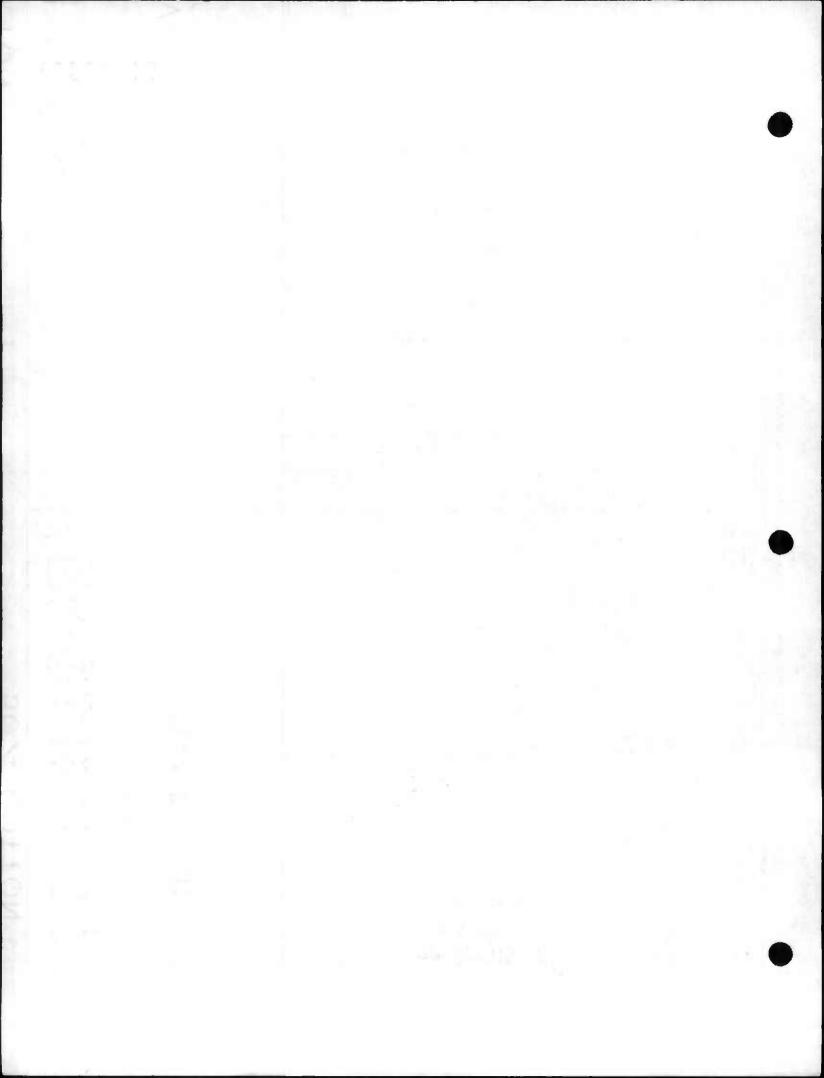
TO THE INTERIOR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FURTHER FORDS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
CERTIFICATE (	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		CATE OF		MENTAL HYGIENE REG. NO.		4 4 4		
1. OECEDENT'S NAME (First, Middle, Last) SAM IN & L	FOX				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 7:25 A. M		
4. SOCIAL SECURITY NUMBER 218-32-0719	1 M 2 🗆 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) APRIL 10	Cov	POLAN 7		
110 1 1-1 - 1 - 100	98. FACILITY NAME (If not insultation, give street and number)  CENTER & 96. CITY, TOWN OR LOCATION OF DEATH  SC. COUNTY OF OEATH  SC. COUNTY OF OEATH  SC. COUNTY OF OEATH  SC. COUNTY OF OEATH								
10e. STATE MARYLAND BA	10a. STATE 10b. COUNTY			ORE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
130 SLADE AVE.,  11. MARITAL STATUS  1 Never Married 2 Married				. ZIP CODE		10g. CITIZEN OF WHAT CO			
130 SLADE AVE.,				21208			SA		
3 ▼ Widowed 4 □ Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	30 NO	If yes, sp		VIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) y:	a or No— 14. RACE — American Indian, Black, White, atc.  Specify: WHITE			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	CATION completed)  College (1-4 or 5+)	Iffe. Do NOT use	rork done during me	ON set of working	166, KIND OF BUSI	KAGE GO			
17. FATHER'S NAME (First, Middle, Last)			. (	18. MOTHER'S NA	ME (First, Middle, Maiden S		3000		
(UNKNOWN)					(UNK	NOMN)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip Code)			
MRS. PHILLIS LAN				S CIRCLE	BALTIMOR		21208		
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State of	b. PLACE ANO OATE	or other place)			CATION — City of			
4 Donation 5 Other (Specify)	ender /	ADATH I		NSHE SEAL	RD 9/2 <b>7</b> /91	BALT.	IMORE, MD		
1 . ( ) ( )	lue Louis				ON & BROS, I	NC.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESPIR.			rkě			Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF							
resulting in death) LAST	d								
PART II. Other significent condition					PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
DECUBITI H	DECUBIT, HISTORY OF PROSTATIC CAREINOMA,								
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)								
EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	URY	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURE	D		
3 Suicide 6 Could not be	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or fown, State)								
(Crieck Offin)	ER: On the best of my know						se(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	266. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (M. ) 9/26								
30. NAME AND ADDRESS OF PERSON WI ESTRE LITA O. 1 31. OATE FILEO_(Month, Day, Year)	32. REGISTRAR'S SIG	EVINGA		EW GER	ATRIC CE	entjek	\$ Hospirar		
00T 0 1 1991	Julia Davidson-1	andell					DNMH-18 Rev 1/		



Ď	
	1
	-
"	
-	3
9	4
RECORDS, P.O. BOX 13146	4
3	
<	
•	
0	
	*
<b>O</b>	
3.	•
'n.	
~	1
7	
<u> </u>	
~	
1	Ì
7	
-	
4	ı
>	
	i
<u></u>	
_	
Z	
DIVISION OF VITAL	The second secon
70	
-	
>	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. requires that the death certificate be executed within 2-1 nours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Ford				2. DATE OF DEATH BOTH DEATH DEATH		3. TIME OF DEATH	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216-07-8692	1 M 2 D F	(In yrs. last birthday) 75 vns.	IF UNDER 1 YE MONTHS DAT	'S HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	5	BIRTNPLACE (State or Foreign Country)  Maryland	
	9a. FACILITY NAME (If not institution, give st  CHURCH HO  RESIDENCE OF DECEDENT				TIMORE (		9c. COUNTY	OF DEATN	
	Maryland 106. COUNTY		r, town on Li timore C				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	4327 Belair Rd., Baltin	nore		101. ZIP CODE 21206			U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes	DECENDENT OF NISPAL I, specify Cuben, Mexica YES 2 X NO Specif				
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT L	work done durin se retired.)	ATION g most of working	166. KIND OF BU	siness/indust industry	FRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  Elmer Ford		Deditale			AME (First, Middle, Maiden			
20	John C. Ford		222	Bank S	treet Baltin		1231		
	· MarkT.	Zavozna		53		d. Baltimore			
CERTIFICATION	23. PART 1. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Respiro  Due to (on as  Due to (on as  Due to (on as	A CONSEQUENCE OF	allur or):				Approximate Interval Between Onset and Deat  3 doing S  2 w/s	
PHTSICIAN: MEDICAL C	PART II. Other eignificant condition PULMONARY AS OSTEDARTHRIL	bestosis	In the under	lying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	utostient 3 🗆 DOA	OTHER:	6. PLACE OF DEATH (C				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a, DATE OF INJUR (Month, Day, Year	Y 28b, TI	ME OF 28-	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
TED BY	2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATI						TION (Street and Number or Rural Route Number, Town, State)		
COMPLE	Cornect City	ICIAN: To the best of my kn						cause(a) and manner as stated.	
TO BE CO	296. HIGHERTURE AND TITLE OF CERTIFIE	rau AD			29c. LICENSE NU D 3.714		IGNED (Month, Day, Year)		
	Stephen A- Ge  31. DATE FILED (Month, Dey, Year)	raci MD	DEATH (ITEM 27) (Typ.	Road	way Balt	more, /	MD		

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FU! be filed with	IMPORTA

	FOR						2		656	4	
	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) LEWIS	GOODRIC	TIPTON	GOODF		2. DATE MONTH	OF DEATH		EAR 3. TIM	E OF DEATH	
	4. SOCIAL SECURITY NUMBER 212 09 8031	1 X M 2 🗆 F	(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEA MONTHS DAY	a disperied targe	7. DATE (Month	Dey, Year)	6	BIRTHPLACE Country) Marvla	(State or Foreign	
E E	90. FACILITY NAME (If not institution, give SINAI HOSPITAL	street end number)	_	96. CITY, TOW BALTTI	N OR LOCATION OF I	DEATH			Y OF OEATH		
25	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION										
- DIRECTOR									LI	SIDE CITY MITS? ES 2 NO	
FUNERAL	100. STREET AND NUMBER  ZIG CLARE	NOON P	OAD	- 1.5	21 2C		10g. CITIZE	SA	OUNTRY?		
BY	11. MARITAL STATUS  1					en, Puerto R	(Specify Yee Ican, atc.)	or Ho— 14	Specify:	oricen Indien, etc.	
TEC	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	work done during	TIOH most of working	16b.	KIHD OF BUS	IHESS/INDUS			
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)		tired		M	lainta:	inence	Work		
SON	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S H						
BE	ARTHUR MILBURN	GOODRICH			BESSI						
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mrs Marian Goodrich Wife 216 Clarendon Avenue, Pikesville, MD 21208										
	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City or Town. State										
	4 1 Donetion 5 Other (Specify)	noval from State cem	etary, crematory or o						y or rown, orec		
	21 STONETURE OF JUNERAL SERVICE LI	// Ronald Wa	ide, Dir 30/91		AHD ADDRESS OF F	2			y Boar		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Fined disease or condition resulting in death)  Approximate interval Between Onset and Death  Due to (or as a consequence of):  B. Sepsis — UTI  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
MEDICAL	PART II. Other algnificent condition	e contributing to death be	ut not resulting (	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AH AUTOPSY PERFORMED?  1 YES 2 TO OF DEATH.							
	25. WAS CASE REFERREO TO MEDICAL EVAMINED 28. PLACE OF DEATH (Check only one)									S 2 NO	
SIAN:				28.	PLACE OF DEATH (C	heck only one	)			:5 2 NO	
YSICIAN:	EXAMINER?	HOSPITAL: 1 Inpetient 2   ER/Output	atlent 3 DOA	OTHER:	PLACE OF DEATH (Co					S Z NO	
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Output 28s. OATE OF tHJURY (Month, Day, Year)	28b. TIM	OTHER: 4 Hursing H	ome 5 Residence HJURY AT WORK?	8 Other	(Specify)	JURY OCCUR	ED	is 2 NO	
BY	EXAMINER?  1 YES 2 NO  27. MANHER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF tHJURY (Month, Day, Year)  28a. PLACE OF tHJURY	28b. TIMI IHJ	OTHER: 4 Hursing H E OF 28c. 1 URY 1	ome 5 Residence HJURY AT VORK? YES 2 HO	8 Other	(Specify)				
ED BY	EXAMINER?  1 YES 2 NO  27. MANHER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Output 28s. OATE OF IHJURY	28b. TIMI IHJ	OTHER: 4 Hursing H E OF 28c. 1 URY 1	ome 5 Residence HJURY AT VORK? YES 2 HO	8  Other 28d. DESC	(Specify)		ED		
ETED BY	EXAMINER?  1 YES 2 NO  27. MANHER OF BEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	28a. OATE OF tHJURY (Month, Day, Year)  28a. PLACE OF tHJURY	28b. TIMI HIJ — At home, ferm, s	OTHER: 4   Hursing H E OF   28c. 1 URY   1   Idreet, fectory, of	ome 5 Residence HJURY AT VORK?  YES 2 HO lice	8 Other 28d. DESC 28f. LOCA City of	(Specify)  RIBE HOW IN  FIOH (Street er Town, Stele)	nd Number or i	Rural Route Nun	nber,	
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANHER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AHO TITLE OF CERTIFIER	28a. QATE OF IHJURY (Month, Day, Year)  28b. PLACE OF IHJURY building, etc. (Special CIAM: To the best of my knowle	28b. TIMI IHJ — At home, ferm, s edge, death occurre and/or investigation	OTHER: 4   Mursing H E OF URY M 1   Itreet, fectory, of d at the time, da n, in my opinion	ome 5 Residence HJURY AT VORK?  YES 2 HO lice	8 Other 28d. DESC 28f. LOCA City of	(Specify)  RIBE HOW IN  FIOH (Street er Town, Stele)	nd Number or i	Rural Route Nun	nber,	
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANHER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AHO TITLE OF CERTIFIER	28a. OATE OF IHJURY (Month, Day, Year)  28e. PLACE OF IHJURY building, etc. (Special CIAH: To the best of my knowledge: On the best of examination	28b. TIMI HJ — At home, ferm, s edge, death occurre and/or investigation	OTHER: 4   Mursing H E OF URY M 1   Itreet, fectory, of d at the time, da n, in my opinion	DOME 5 Residence HJURY AT VORK? YES 2 HO File He end place, end dur death occured at the	8 Other 28d. DESC 28f. LOCA City of	(Specify)  RIBE HOW IN  FIOH (Street er Town, Stele)	nd Number or i	Rural Route Nun	nber,	

10.0

ATT TO SEE STATE OF THE PARTY O

70

V

- Ne- G - 7 - 7 - 1

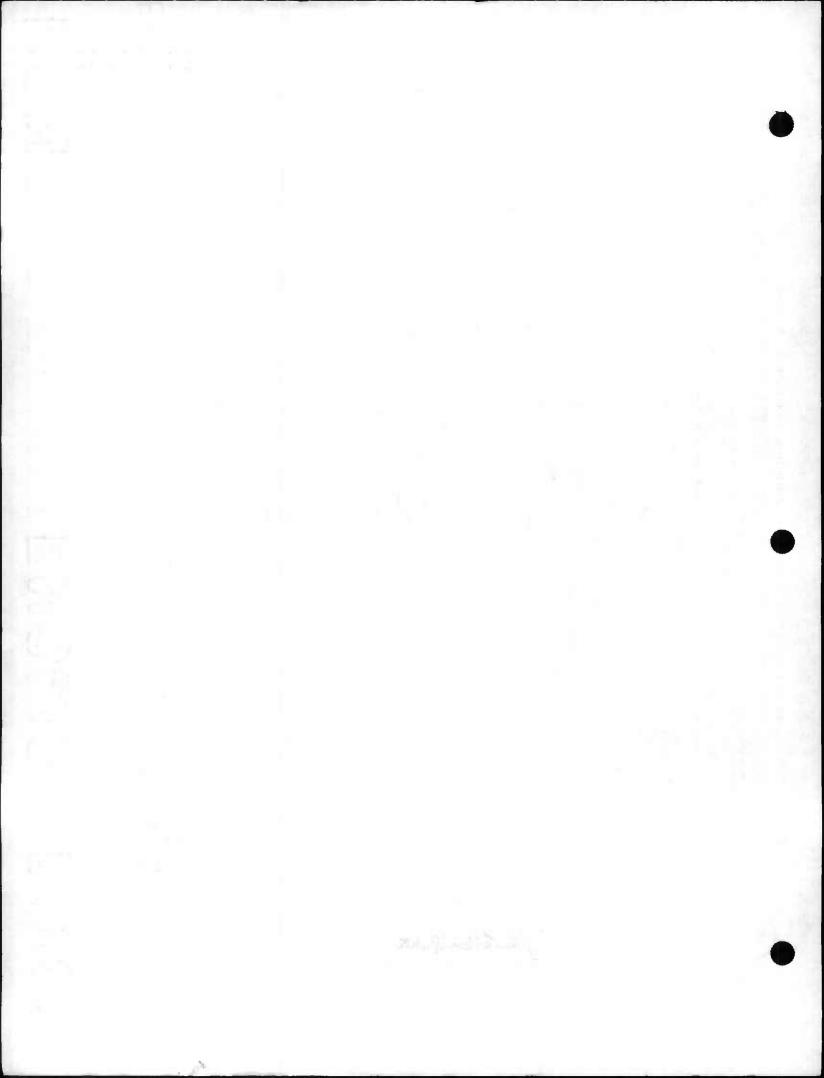
x 2,

Ž.

	Page
	death.
3	after
	hours
J	24
2	ithin
)	3
	execute
	8
í	cate
)	certifi
	death
í	the
	that
	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page (
1	W.
	The
	IAN:
5	PHYSIC
	NG
	9
)	ATTE
	B

-	REGISTRAR  1. OECEOENT'S NAME (First, Middle, Last)		OLITTI		DEATH	REG. NO		3. TIME OF DEATH			
	Lena Irene G	raeff					7 9/				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		NRTHPLACE (State or Foreign country)			
	215-10-8633  9e. FACILITY NAME (If not institution, give		78 YRS.			2/21/13	9c. COUNTY	MD			
	St. Agnes Hospital Baltimore										
	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT		10c. C	ITY, TOWN OR LOCA				10d. INSIDE CITY			
	Md Ba	altimore			nsville			LIMITS?			
	100. STREET AND NUMBER 408 Wheaton P.	lace		1	of. ZIP CODE 21228		10g. CITIZEN	OF WHAT COUNTRY? USA			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 3HO	If yes, s	pecify Cuben, Mexica		33	RACE — American Indian, Black, White, etc.			
5	3 ☑ Widowed 4 □ Divorced	IF YES, GIVE WAR OR O	MATES	1 _ YE	S 2 NO Specif	y:		white			
	15. OECEDENT'S EDU (Specify only highest grad	e completed)	16a, DECEDENT (Give kind of life, Do NOT	'S USUAL OCCUPAT of work done during n use retired.)	TION nost of working	16b. KIND OF BU	SINESS/INOUST	RY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Estate Account Banki								
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Sumame)  Tong M. (Thomas C.											
	Samuel Rel Lena M. Thomas  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	William Graeff 9913 Whitworth Way Ellicott City 21042										
	20e. METHOD OF DISPOSITION 1 Description   Disposition   D			TE OF DISPOSITIO	N (Name		CATION City				
-	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	I	oudon		AND AODRESS OF FA		Balto,	Md.			
1		000	M	Ste	rling As	shton Fur		Home, Inc.			
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line.										
	shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel										
	disease or condition resulting in deeth) e. Respiratory collapse										
OUE TO (OR/AS A CONSEQUENCE OF):											
Sequentially list conditions, If any, leading to immediate  b. Due to (or as a consequence of):											
	cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE	onici	of 1	sam					
_ "	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):	0			16			
	4.										
	PART II Other significant condition	ne contributing to deeth i	hut not requite	a in the undedui	ine seuse chien in	Deet I Dec uno as	ALITOROV.	DAL WEST ALTOSOV FINDS			
	PART II. Other significent condition	na contributing to deeth	but not resultin	g in the underlyi	ing ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO			
	PART II. Other significent condition	na contributing to deeth	but not resultin	g in the underlyl	ing ceuse given in	Part I. 24s. WAS AI PERFO	RMED?	AVAILABLE PRIOR TO			
	PART II. Other significent condition	na contributing to deeth	but not resultin	g in the underlyi	ing ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	but not resultin	26.	ing cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL: 1 ⊕ Inpetient 2 □ ER/Out	tpetlent 3 🗆 DOA	26. OTHER: 4 □ Nursing Ho	PLACE OF DEATH (C)	PERFO 1 YES  neck only one)  8 Other (Specify)	RMED? 2 D-NO	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1 Impetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA	26. OTHER: 4   Nursing Ho	PLACE OF DEATH (C)	PERFO 1 YES	RMED? 2 D-NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL:  1 Propertient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJUR	tpetient 3 DOA 28b. 1	26. OTHER: 4   Nursing Ho	PLACE OF DEATH (C) ome 8 Residence NJURY AT YORK? YES 2 NO	PERFO 1 YES  1 YES  Teck only one)  8 Other (Specify)  26d. DESCRIBE HOW  281. LOCATION (Street	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tpetient 3 DOA 28b. 1	26. OTHER: 4   Nursing Ho	PLACE OF DEATH (C) ome 8 Residence NJURY AT YORK? YES 2 NO	PERFO 1 YES  neck only one)  8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFING PHY:	HOSPITAL:  1 Propertient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJUR	tpetient 3 DOA 28b. 1 Y — At home, fern	OTHER: 4   Nursing Horizon   NJURY M 1   n, street, factory, of	PLACE OF DEATH (C) ome 8 Residence NURY AT VORK? YES 2 NO	PERFO 1 YES  1 YES  Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State	INJURY OCCUR	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL CENTIFICATION	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe	tpetient 3 DOA 29b. 1 Y — At home, ferm	OTHER: 4   Nursing Horizon   N	PLACE OF DEATH (C)  DOWN 8 Residence NUURY AT VORK?  YES 2 NO  fice	PERFO 1 YES  1 YES  Teck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  Rural Route Number,			
ED BI PHISICIAIN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spi	tpetient 3 DOA 29b. 1 Y — At home, ferm	OTHER: 4   Nursing Horizon   N	PLACE OF DEATH (C)  DOWN 8 Residence NUURY AT VORK?  YES 2 NO  fice	PERFO 1 YES  1 YES  The control one)  8 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State of the cause(e) and mid tima, date and place, e	INJURY OCCUR  and Number or f	AMAILABLE PRIOR TO COMPLETION OF GAU OF DEATH?  1 YES 2 NO			

37 ARGISTAN'S SIGNATURA



ing physician.	the burial-transit permit. Pages 1, 2, 3 should	
h. Page 6 may be retained by the hospital or attent	eral director, page 5 should be detached for use as	niner must be notified at once
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deot. of Health and Mental Hvolene enfor to burial, cremation, or removal	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
ELIC MIAL OR ATTENDING PHYSICIAN: The law requires that	THE RAL DIRECTOR: After this certificate has been signed by the state Debt. of Health and	FTAN P If item 28 Is marked, or item 23 shows any

	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND I	MENTAL	HYGIEN	91	2	6564
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) Kathleen Eliz		CE	RTIF	ICATE	OF	DEAT	ГН	2. DATE OF MONTH	REG. NO		YEAR	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 216-20-4212	5. SEX 1 M 2 XF	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	9/28 7. DATE OF (Morth, 1			8. BIRTHI Country MD	
TOR	99. FACILITY NAME (If not institution, give a 3021 Virginia )				9b. CITY,	TOWN C	OR LOCATION	ON OF DE	7 7		NTY OF OE	EATH	
DIRECTOR	10e, STATE 10b, COUNT	timore		10c. CIT	Y, TOWN O	Y, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3021 Virgin	ia Avenu	ıe			101	0700=					IZEN OF W	HAT COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Olvorced	Merried 2 Married FORCES? 1 YES 22 NO			11	yes, spe			IIC ORIGIN? ( in, Puerto Ric y:		or No	14. RACE Black,	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)					luring mo:	ON st of workin	og .	-	IND OF BUS		DUSTRY	
BE COMF	17. FATNER'S NAME (First, Middle, Lest) Edgar Brown	Secretary  18. MOTNER'S N  Dora						ME (First, Mid	die, Maiden		Arts	. Inst.	
TO B	198. INFORMANT'S NAME (Type/Print)  198. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3021 Virginia Avenue 21227												
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetton 3  Rem  4  Donation 5  Other (Specify)  21. SIGNAPORE OF FUNERAL SERVICE LI		20b.PLACEA cemetery, cren Garri	natory or o	For	est			DATE	07.	cation —	× M-	11
	Puter &	. ash	ten	roi	7	36	Edmo	onds	shton son A	Fun venu	eral	L HO:	me
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Small Cell Col lung								Approximete Interval Between Onset and Death				
NOI	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. nes	put	CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	e contributing to	deeth but not re	sulting i	n the unc	derlying	ceuse g	iven in i		Ia. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:			8 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, De	y, Year)		E OF URY M	28c. INJU WOF 1 Y	URY AT RK? 'ES 2		28d. DESCR	IBE NOW II			
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	building, i	FINJURY — At hon ttc. (Specify)							lown, State)			ute Number,
COMP	(Check only one) 2 MEDICAL EXAMINE	R: On the besis of ax											and manner as stated.
O BE	246. SIGNATURE AND TITLE OF CERTIFIER	my	lus	re	lli	n	29c. LICE		186 186	2		30/	Month, Day, Year)

CATON Avenue Bath MD

122 REGISTRAN'S SIGNATURE
Achia Savidson-Randall

OCT 0 1 1991

2/229

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, Electrical OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou

	MySi	uria		
)	D D	le h		
1	Dud	25		
ı	ane	Se		
	0	for t		
	Spita	pa		
	ho	tach		9
	the	e de		3
	d b	D		
	aine	hou		1610
	ret	5		000
•	y be	age	1	2
	E	0,0		100
	e 6	rect		8
	Pa	D IS		9
	ath.	ner		E
	r de	he fu	al.	A
	afte	y th	NO.	60
	MILS	5	r re	Ped
	4 hc	Pall	٩, ٥	
	in 2	4	latio	4
	with	plet	Сгеп	ent
	ted	E00	ial,	8
	хесп	and	pag	atte
	90	an	r 10	mest
	ate l	ysic	pud	E
	tiffe	P	ene	P
	cer	ding	E P	6
	eath	atter	Ital	0 4
	e d	the	Mer	i
	at th	2	and	-
	s th	ned	E E	30
	uire	Sign	Fea	346
	red	Deer	0.	Sph
	194	as	Depl	23
	The	ite t	ate	Ea
	AN:	tifica	e St	11
	Sici	Cer	4	1.0
	PHY	this	W	rke
	NG	the	eath	ma
	SNO	R: A	er d	65
	ATTE	8	s afti	28
	OR	DIRE	OUR	tem
	3	et	72	H
Ø	\$	ş	hin	Ė
1	Œ,	E	WIL	TA
,	€'	Z	filed	POF
	TO THE THORN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or anending physical process.	TO THE NAME OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda	2	IMPORTANT: If item 28 is marked, or item 23 shows any Injury or other traumatic event, the marked assembles a marked as another traumatic event, the marked assembles has been also assemble to the profit of the pr

IMPORTANT:

31. DATE FILED (Month, Dey, Year) 0 CT 0 1 1991

	FOR 1 - STATE	STATE OF MARY	YLAND / DEPAR	TMENT OF H	EALTH AND I	9 MENTAL HYGIEN	6 Rose To	5565		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Vivian L. Ger		CERTIF	ICATE OF	DEATH	REG. NO		3. TIME OF DEATH 7:00 P M		
	214-22-4968	□ M 2 □XF 8	BE (In yrs. lest birthday)  B YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-26-19	8.	BIRTHPLACE (State or Foreign Country) Maryland		
CTOR	99. FACILITY NAME (If not institution, give street  BelForest Nursi  RESIDENCE OF DECEDENT	A CONTRACTOR OF THE PARTY OF TH		Fores	of DEATH Ford					
FUNERAL DIRECTOR	Md. HArfo:	rd		y, town on Locat ppa				10d. INSIDE CITY LIMITS? 1 YES 2X NO		
NERA	406 Hardin Driv		Joppa	- 2	ZIP CODE		U.S.	OF WHAT COUNTRY? . A .		
ВУ	1 Never Merried 2 Married  SCXWidowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	13. WAS DEC	cify Cuban, Maxicar	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: VHite		
COMPLETED	15. DECEOENT'S EQUCAL (Specify only highest grade co Elementary/Secondary (0-12) UNKNOWN	USUAL OCCUPATION FOR A CONTROL OCCUPATION OF PARTIES AND CONTROL OCCUPATION OF THE CONTROL OCCUPATION OF THE CONTROL OCCUPATION OCCU	N st of working	Own	SINESS/INOUST					
BE CON	17. FATHER'S NAME (First, Middle, Lest) William Beach  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Margaret Baumann									
70	199a. INFORMANT'S NAME (Type/Print) Anton Bond  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 406 Hardin Dr., Joppa, Md. 21085									
	20a. METHOD OF DISPOSITION  1 Suriel 2 & Cremation 3 Ramova 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE USEN	I Irom Stata	ob. PLACE AND DATE of the metery, cremetory or of Green Mo	unt Cre 22. NAME AN Bradl	ematory D ADDRESS OF FAC .ey-Asht	9-27-91 con Fune	ral Ho			
	23. PART i. Entar tha diseases, pr con ahock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on	each line.	Dt anter tha mod	da of dying, auch	as cardiac or reap	iratory arrest,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  a.   Oud io - / U/mengury  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
_	DART II ON A MILE OF THE PARTY									
PHYSICIAN: MEDICAL		OSPITAL:   inpatient 2   ER/Ot   28a. DATE OF INJURY (Month, Day, Year	Y 28b. TIME	OTHER: 4 Nursing Home OF 28c. INJL JRY	RK?		NJURY OCCURE	ED		
TED BY	Accident Investigation  3 Suicida 8 Could not be detarmined	28a. PLACE OF INJU	RY — At home, larm, st		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the beat of my kno	owiedge, death occurre	d at the time, date	and place, and due to	o the cause(a) and man	iner as stated.	use(s) and manner as stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	1. 1	0	Т	29c. LICENSE NUMI			RNED (Month, Day, Year)		

1131

Accume Mp Jun Daydson Augus

Bel Ain

Bel Air Ad 21014

lee ga

Marie Control

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

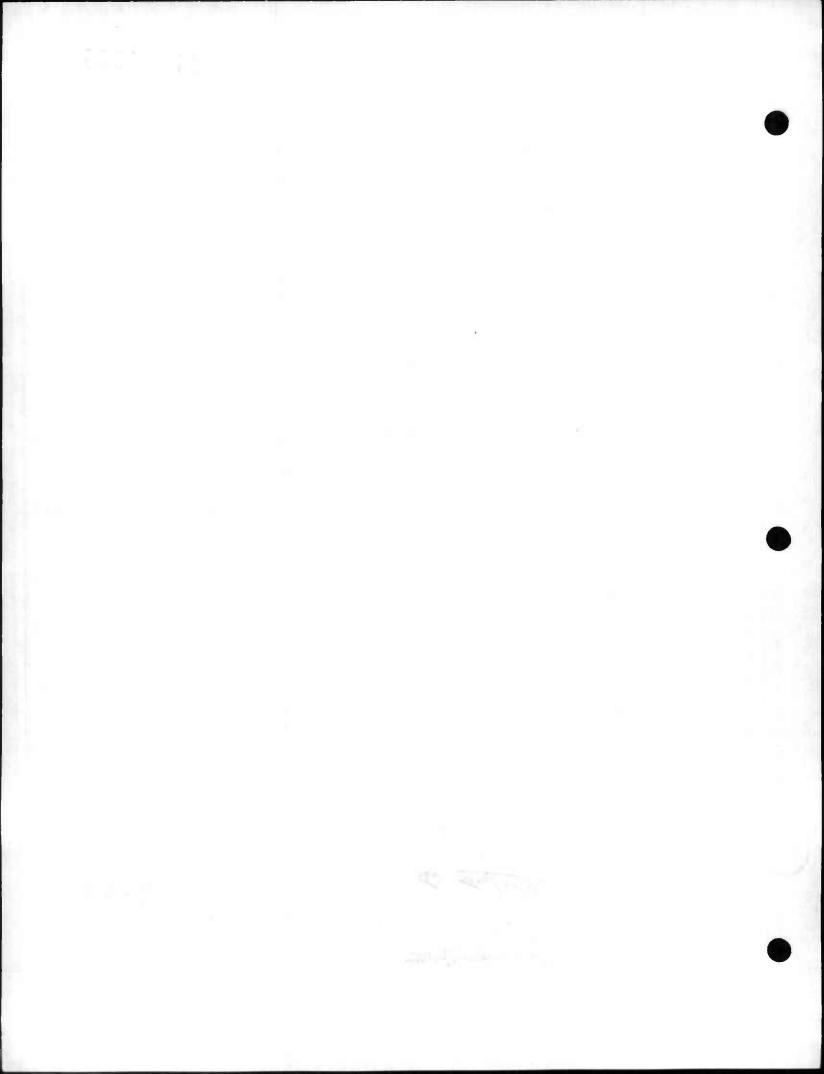
DÍVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PORTION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Lillian	F.	G	RASSER		September	29,199	1 3:10 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign ountry)		
	216-32-8349 9e. FACILITY NAME (If not institution, give s		J THS.	9h CITY TOWN (	OR LOCATION OF DE	11-04-190	0 St	. Mary Co., Mc		
OR	Franklin Square H			Baltin		EATH.		ore County		
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	ION		100.00	10d. INSIDE CITY		
FIG	Maryland N/A	<b>x</b>	Bal	timore (	City			LIMITS?		
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
NE	5878 Belair Road	Lie was prosperiy sum	There is a second		21206		U.S.A			
ВУ	1 Never Married 2 Merried  2 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 X NO Specify	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.)	6	ACE — American Indian, Hack, White, atc. pecify:		
ED	15. DECEDENT'S EDU (Specify only highest grade	USUAL OCCUPATION OF COMPANY OF CO	ON at of warding	16b. KIND OF BU	SINESS/INDUSTR					
COMPLETED	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+)	life. Do NOT us	e retired.)	si or working	0.16 =				
OMI	17. FATHER'S NAME (First, Middle, Last)		Beautic	Lan	18 MOTHED'S NA	ME (First, Middle, Maiden	mployed			
BE C	Joseph Trossbach					et Cullis	-,			
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or Tox	m, Stete, Zip Code,			
	Charles G. Grasser 4334 Plainfield Avenue, Baltimore, Maryland 21206									
	20s_METHOD OF DISPOSITION  ***Burlel 2	oval from State	b. PLACE AND DATE Of the control of	ther place)	me of		CATION — City o	The state of the s		
	21. SIGNATURE OF FUNERAL SERVICE LIC		DIY NEGE	22. NAME AN	D ADDRESS OF FA	CILITY		Maryland		
	Kathleen	h. hurson	len .	John C	. Miller	Inc.		aryland 21206		
	23. PART Enter the diseases, or o	complications that cause Liet only one ceuse on a	d tha death. Do n	ot anter the mp	da of dying, suci	h as cardiac or resp	iratory arrest,	Approximate		
	IMMEDIATE CAUSE (Finsi	Liet only one couse on a	iech ina.					Intarvsi Between Onset and Death		
	resulting in death) a. Sepsis									
z	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	): 0111g			·			
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF							
HT	resulting in death) LAST	4	A CONSECUENCE OF	7-						
	PART II. Other significent condition	s contributing to death h	out not reculting i	a the underlying						
ICAL	Renal Failure	_ contributing to death a	out not resulting i	n the underlying	ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
PHYSICIAN: MEDIC	Congestive He	art Failure				1 TES 2	NO NO	DF DEATH?		
N.										
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PL	ACE OF DEATH (Che	ack only one)				
HYS	27. MANNER OF DEATH	1 Xnpetient 2 ER/Outp	patient 3 DOA 28b. TIME	4 - Nursing Home		8 Other (Specify)  28d. DESCRIBE HOW I	N NIEW OCCUPED			
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WOI		200. DESCRIBE HOW I	NJUNT OCCURED			
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	( — Al home, farm, a	treet, factory, office		281. LOCATION (Street and City or Town, State)	and Number or Run	al Route Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurre	d at the time, data	and place, and due	to the cause(s) and mar	mar as stated			
OM	one) 2 MEDICAL EXAMINE	R: On the basis of aximination	n end/or investigation	n, in my opinion, de	eth occured at the	time, data and place, an	d due to the caus	e(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Astephene	12		29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO						-/-	- / 1		
	Theodore Stephe	DECISTRATIC CION	ATIADE	in Squa	re Drive	Baltimor	e, MD.	21237		
	OCT 0 1 1991	Julia Savidson	Randoll							



leath certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should waital Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law reTO THE FUNERAL DIRECTOR, After risis certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: if Item 28 is marked, or Item 23 sho

31. DATE FILEO (Month, Day, Year)

OCT 0 1 1991

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI ERTIF	RTMENT	OF H	EALTH	AND TH		GIEN			
e	1. DECEDENT'S NAME (First, Middle, Las	)							2. DATE OF DE	-		-	3. TIME OF DEATH
	JOHN ANTHONY	GEPPI							монтн О	2	9	91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	isl birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIE	TH .		0. BIRT	HPLACE (State or Foreign
1	218-01-8377	1 🖾 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	9-12-0	16ar)		Coun	(my) ARYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF D			9c. COL	NTY OF	
DIRECTOR	ERVINGTON KNOLL				BALTIMORE								
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY		10c CI7	ITY, TOWN OR LOCATION								10d. INSIDE CITY
E	MD ANN	E ARUNDEL		1	INTH								LIMITS?
	10e. STREET AND NUMBER	MICHEL			TIVITI		ZIP COD	E			10n CIT	IZEN DE	1 YES 2 NO
FUNERAL	509 SHIPLEY RD					2	1090				U.S		
3	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A		13. V	WAS OEC	ENDENT (	OF HISPAN	VIC ORIGIN? (Spe	cify Yes		14, RAC	E - American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES?	NAR OR DATES	MO	B	yes, spe	city Cubi	n, Mexica	n, Puerto Ricen,	etc.)		Blac	ck, White, etc.
	15. DECEDENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTR'							WHITE					
							DUSTRY						
1 2							ייבו או	,					
N N	17. FATNER'S NAME (First, Middle, Last)	NONE		DUI	EK		19 MOT	HED'C MA	ME (First, Middle,			KKEI	
	ANTHONY J. GEPP	[							BATTIQA		Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street ar			Route Number, City		n State Zi	n Codel	
2	ROSE E. RICE				AS #						orano, 24	0000)	
5	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re		20b. PLACE	AND DATE:	OF DISPOSI	TION (Nat	ne of		OATE 2	20c. LO	CATION -	City or To	own, State
Ē	4 Donation 5 Other (Specify)	mover from State	GLEN	HAVE	N MEN	ORI	AL P	ARK	10-2	GLI	EN BU	JRNII	E, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22.1	IAME AN	D ADDRE	SS OF FA					,
a de la companya de l	1 9 Skerge	-Hickory	·						NERAL H			RNTF	, MD 21061
	23. PART I. Enter the dieeses, or	complications the	ot caused the d	eeth. Do r	not enter	the mod	le of dy	ing, suc	h as cardlec o	r respi	ratory ar	rest,	Approximata
	shock, or heert fellure IMMEDIATE CAUSE (Finel	. Liet only one ce	use on eech lin	₽.									Interval Between Onset and Death
	disesse or condition rasulting in death)	Sen	SSU										
		Ode to	(OR AS A CONSE	QUENCE O	11								
3	Sequentially list conditions,	h 60	2491ez	u l	teg.	,							
Ě	If sny, isading to immediate cause. Enter UNDERLYING	Que TO	(OR AU A CONSE			an.		0					
문	CAUSE (Disesse or Injury	a OUE TO	OR AS A CONSE			Ra	1	1)0	seese				
CERTIFICATION	that initiated events resulting in desth) LAST		(on As A const	OULINGE OF	,.								i
는 등		d											1
¥	PART II. Other significant condition	ns contributing to	death but not	resulting	in the unc	ferlying	cause (	given in	Part I. 24s. V	WAS AN	AUTOPSY MED7	240	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDIC	-									YES 3			COMPLETION OF CAUSE OF DEATH?
									_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
S	EXAMINER?	HOSPITAL:			OTHER				nok only one)				
¥	27. MANNER OF DEATN	1 C inpatient 2 S		29b. TIM		ng Home 28c. INJU		sidence	6 Cother (Speci		t water to be	4110000	
	1 Netural 5 Pending	(Month, C		INJ	IURY M	WOR	KT 2	I NO	29d. DESCHIBE	HOW: IN	FUURY OO	CUMED	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY At he	one, farm, r	street, facto			1110	28f. LOCATION	Street a	nst Munstaw	or Runi i	Revite Mumber
品	4 Homicide determined	building.	etc. (Specify)			)			City or Rwn	Stiene			
COMPLET	29e. CERTIFIER Check only CERTIFYING PHYS	BICIAN: To the best of	my knowledde. de	eth occum	ed at arts	ne, data -	and place	and the	In the country	ad man	ner er er		
OM	one) 2 MEDICAL EXAMIN	ER: On the beale of a	xamination and/or	investigatio	n, in my op	inion, de	eth occur	nd at the	time, date and pl	eca, and	due to th	e caused	s) and manner as stated.
Ü	29b. SIGNATURE AND TITLE OF CERTIFIE		1					INSE NUN				_	) (Month, Day, Year)
00		6	M			- 1	2	25	44		▶9	/2	178
12	20 NAME AND ADDRESS OF BERSON W	1					-99	70	-/-	_		1	/ )

2717 HAMMONDS FERRY LANE LANDSDOWNE, MD

BALTIMORE, MARYLAND 21215-0020	SECAN. The law impures that the death conflictive by emergend within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  If the State Deat, of Health and Montal Hygiene prior to burist, cemention, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PRESIDAR: The law requires that the death certificate be executed within 24 hours after of TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completiny filled in by the is be fised within 72 hours after death with the State Dept. of health and Mental Hygiens prior to burist, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / D REGISTRAR  STATE OF MARYLAND / D	DEPARTMENT OF I	HEALTH AND ME	NTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)  JEANSTIE GODDIN (J	EANNETTE GO		DATE OF DEATH	4 91 A	3. TIME OF DEATH 4.45 AM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last b) 1 M 2 F 69	YRS. MONTHS DAYS		8/23/192	8, BIR	TNPLACE (State or Foreign				
TOR	9a. FACILITY NAME (If not institution, give street and number)  SINAI HOSPITAL  RESIDENCE OF DECEDENT		OR LOCATION OF DEATH		9c, COUNTY OF	DEATN				
DIRECTOR		10c. CITY, TOWN OR LOCA BALTIM	JEE RE		10d, INSIDE CITY LIMITS?					
FUNERAL	3703 SEVEN MILE LA., APT. D-1	10	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  21208 USA							
BY	11. MARITAL STATUS  1 Never Married 2 K Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, ap	CENDENT OF NISPANIC Coecify Cuben, Mexican, Pos 2 NO Specify:	RIGIN? (Specify Yas	or No— 14. RA Bla	CE — American Indian, lick, White, atc.				
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give life. Deceded) (Give life. Deceded) (Give life. Deceded)	DENT'S USUAL OCCUPATI kind of work done during me o NOT use retired.)	ost of working	16b, KIND OF BUS	INESS/INDUSTRY					
BE COMPL	17. FATNER'S NAME (First, Middle, Last) HYMAN SIEGEL		18. MOTHER'S NAME (							
TO B		AAILING ADDRESS (Street A				MD 21208				
	### METNOD OF DISPOSITION   Burlet 2   Commetter   Date   20c. LOCATION - City or Town, State									
	21. SIGNATURE OF PUNERAL SERVICE LICENSER	22. NAME A SOI 6010	ND ADDRESS OF FACILITY LEVINSONS REISTERSTO	WN RD. B	ALTO., M	D 21215				
	23 PANT I Enter the diseases or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arreat, ehock, or heart faffure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):									
TION	Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  CARDIAC ARI DUE TO (OR AS A CONSEQUE BLEED	ENCE OF):	n resuscutat	m)						
MEDICAL	PART II. Other significant conditions contributing to deeth but not read MY TLO PROUPERATIVE D	ulting in the underlying	g ceuee given in Part	I. 24e. WAS AN A PERFORM	ED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  HOSPITAL:  Input lant 2 ER/Outpatient 3 D	OTHER:	ACE OF DEATN (Check or							
ву рну	27 MANUEL OF BEATU	8b. TIME OF 28c. INJ	e 5 Residence 6 URY AT 28d	DESCRIBE NOW IN.	JURY OCCURED					
	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, building, atc. (Specify)	farm, atreet, factory, office	281.	LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,				
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the bast of my knowledge, death one)  CERTIFYING PHYSICIAN: To the bast of my knowledge, death one)	occurred at the time, data	and place, and due to the	cause(a) and mann	er as stated.	s) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	FOFFICER	29c. LICENSE NUMBER			D (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	O(Type, Print) SINAL HO	CPITAL.	OF DAIT	CINAMO?	<u> </u>				
	31. DATE FILED (Month, Day, 1997) 4 32. REGISTRAR'S SIGNATURE		3,1110	DIVI	1140161					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		ath. Page 6 may be retained by the hosi	meral director, page 5 should be detache	aminer must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilere filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem. APDRTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,		n 24 hours after d	ly filled in by the ation, or removal.	the medical ey
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify of THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending it filled within 72 hours after death with the State Dept. of Health and Mental Hygien APDRTANT. If Item 28 is marked, or Item 23 shows any Injury, or oth	100000	cate be executed within	ohysician and complete e prior to burial, cremi	er traumatic event,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law required D THE FUNERAL DIRECTOR: After this certificate has been sign a filed within 72 hours after death with the State Dept. of Hea APDRTANT: If Item 28 is marked, or Item 23 shows		that the death certifi	hed by the attending in the and Mental Hygien	any Injury, or oth
7 THE FUNSPITAL OR ATTENDING PHYSIC) 3 THE FUNERAL DIRECTOR: After this cer 6 filed within 72 hours after death with th APDRTANT: If Item 28 is marked, c		AN: The law requires	tificate has been sign e State Dept. of Hea	ir item 23 shows
THE HOSPITAL OR / THE FUNERAL DIRE of fled within 72 hours APORTANT: If item		ATTENDING PHYSICI	CTOR: After this cer after death with th	28 is marked, o
~ ~ ~ ~		O THE HOSPITAL OR	O THE FUNERAL DIRE e filed within 72 hours	MPORTANT: If item

	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT OF		MEI	NTAL HYGIEN		2	6569
	1. DECEDENT'S NAME (First, Middle, Lest)  FRANCIS EARL HUGHES, SR.							DATE OF DEATH DO	NV.	9 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-28-3337	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7 7	DATE OF BIRTH (Month, Day, Year) 1-11-193		8. BIRTH	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s  8342 BLETZER F  RESIDENCE OF DECEDENT	· ·				OR LOCATION OF	DEATH		9c. COU	NTY OF D	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	MARYLAND BAL 100. STREET AND NUMBER	TIMORE				UNDALK DI. ZIP CODE			10g. CIT	IZEN OF V	1 YES 2 XXO
BY FUNERAL	8342 BLETZER ROAL  11. MARITAL STATUS  1 Never Merried 2 [X Merried]  3 Wildowed 4 Divorced	12 WAS DECEDEN	YES 2 V	RMED NO	If yes, s	2122 CENDENT OF HISI pecify Cuben, Mex S 2 X NO Spe	PANIC O	RIGIN? (Specify Yee erto Rican, atc.)	or No-	14. RACE	E – American Indian, k, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(0	Give kind of a	USUAL OCCUPAT	ION ost of working		16b. KIND OF BUS	BINESS/INC	DUSTRY	WHITE
COMPLETED	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 -		e. Do NOT us	WRIGHT					1 STE	EL CORP
BE	WALTER FDWARD HUG 19a. INFORMANT'S NAME (Type/Print)	HES		25. 244.0 1010		CLA	RA K	OERBER			
٥	MAXINE V. HUGHES			8342	BLETZE	R ROAD		Number, City or Town			21222
	1 Donation 5 Other Specify		20b. PLACE cemetery, cr BEL AI	AND DATE OF AMEN	of disposition (N ther place) ORTAL	9-30-1	991	1	L AIR		wn, State ARYLAND
	21. SIGNATURE OF TUNERAL SERVICE LIC	EK	9		DUDA-	ND ADDRESS OF	VERA	L HOME		INDAL	
	23. PART I. Enter the diseases, of cahock, or heart letture.	omplications tha	t caused the d	eath. Do r	of enter the m	4. 4.4.1		conding or surel			
	IMMEDIATE CAUSE Finel disease or condition resulting in death)	LIV	ER I	FAIL	URE	oda of dying, a	uch aa	cardiec or reepi	ratory an	rest,	Approximata Interval Between Onset and Death  MOUTH
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition_	DUE TO	COR AS A CONSE	FAIL COUENCE OF ATIO COUENCE OF ST	OMAC	ENOC		2CINO1			Interval Between Onset and Death
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	COR AS A CONSE	FALL COUENCE OF STOUENCE OF	C AD	ENOC	AK	CINOI	MATOPSY MEO?	06	Interval Between Onset and Death
4	IMMEDIATE CAUSE-(Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition.	DUE TO DUE TO OUE TO A COntributing to	COR AS A CONSE	FAIL COVENCE OF STOUENCE OF	OMAC	ENO C	A R	I. 24a. WAS AN PERFORI 1 YES 2	MATOPSY MEO?	06	Interval Between Onset and Death  MOUTH  Q YEARS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO DUE TO OUE TO a contributing to	COR AS A CONSE  (OR AS A CONSE	FAIL COVENCE OF STOUENCE OF	OTHER: 4   Nursing Hore under   26c. Ph. URY   26c. Ph. WW.	ENO ()	A K	I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY MEO?	24b.	Interval Between Onset and Death  MOUTH  Q YEARS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO DU	COR AS A CONSE  (OR AS A CONSE	COUENCE OF STOUENCE  OTHER: 4   Nursing Hore under   26c. Ph. URY   26c. Ph. WW.	g cause given	A formal in Part  Check on 28d.	I. 24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MEO?	24b.	Interval Between Onset and Death  MOUTH  Q YELLS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 11-ND	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO DU	(OR AS A CONSE  OR AS	COUENCE OF STOUENCE  26. P  OTHER: 4   Nursing Hore E OF   28c. IN. WY   1   1   1   1   1   1   1   1   1	g cause given	A K	I. 24a. WAS AN PERFORI 1 YES 2  Other (Specify)  OESCRIBE HOW IN  LOCATION (Street e. City or Yown, State)	AUTOPSY MEO?  JURY OCC  IJURY OCC  Ind Number	24b.  24b.  or Rural R	Interval Between Onset and Death  MOUTH  Q YEARS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 12-NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO DU	(OR AS A CONSE  OR AS	COUENCE OF STOUENCE  26. P  OTHER: 4   Nursing Hore E OF   28c. IN. WY   1   1   1   1   1   1   1   1   1	g cause given	in Part  Check on  28d.  28f.	I. 24a. WAS AN PERFORI 1 YES 2  Other (Specify)  OESCRIBE HOW IN  LOCATION (Street e. City or Yown, State)	AUTOPSY MEO?  JURY OCC  IJURY OCC  In a state of the total of the total occurrence of the total occurrence occ	24b.  24b.  or Rural R  ed.  ee couse(e)	Interval Between Onset and Death  MOUTH  Q YEARS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 12-NO	
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO DU	(OR AS A CONSE  THE  (OR AS A CONSE  THE  (OR AS A CONSE  (OR AS A CONSE  INJURY  ay, Year)  This injury  Thi	COUENCE OF STOUENCE  The underlying treet, fectory, officed at the time, date on, in my opinion, on the content of th	g cause given  g cause given  LACE OF DEATH (  ne 5   Residence  JURY AT  YES 2   NO  e end place, and de  Jenth occured at til  29c. LICENSE N  39	Check on Part  28d. 28f. 28f. UMBER	I. 24a. WAS AN PERFORM  1 YES 2  Dy one)  Other (Specify)  OESCRIBE HOW IN  LOCATION (Street e. City or Town, State)  a cause(e) end mendate end place, end	AUTOPSY MEO?  IJURY OCC  Ind Number  There as state  I due to the  29d. DATI	24b.  24b.  or Rural R  ed.  ee couse(e)	Interval Between Onset and Death  MOUTH  Q YELLS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 DINO  Oute Number,	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

•	- (10
	-
	(6)
	-
	Ξ
	2
	-
0	- 60
	-
	72
	3
	=
	has
	1
	- 2
	=
	100
	3
	- 6
G	_
6	100
Ē	0
60	ᇴ
-	
8	E
	-
5	2
·=	#
100	
5	=
5	ಾ
0	2
ल	-
-	O
3	푼
-	8
2	<u>=</u>
1	2
.2	E
Ö.	7
10	6
55	4
TO.	75
5	7
T	5
त्व	_
설	>
60	=
2	-
13	-
5	-
40	E
5	60
त्व	80
e	5
-	6
0	2
	60
E	63
e	N
	-
63	=
520	9
5	-
40	1
#	0
-	-i
=	5
*	¥
£	è
ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remo	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

	5		91	26570
	1 - STATE STATE OF MARYLAND / DEPARTME	NT OF HEALTH AND		
	1. DECEDENT'S NAME /Elia Last)	TE OF DEATH	REG. NO.  2. DATE OF GEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IS USED AND ASSET)		MONTH DAY	91 900 PM
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs hast birthday) F UN  M 2 Life  71.	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	(MORES, Day, 1987)	8. BIRTHPLACE (State or Foreign Couggry)
	O- PAON TTV NAME OF ALL IN ALL	CITY, TOWN OR LOCATION OF DE	2-22-1920 EATH 9c. COUNT	MARY LAND TY OF DEATH
DIRECTOR	STELLA MARIS HOSPICE RESIDENCE OF DECEDENT  108. STATE  108. COUNTY  109. CITY TOWN	TOWSON		BALTIMORE
	MARYLAND BALTIMORE  104. STREET AND NUMBER	MIDDLE RIVER		10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	430 GROVETHORN ROAD	101. ZIP CODE 2.1		EN OF WHAT COUNTRY? U.S.A.
I N	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 XNO		IIC ORIGIN? (Specify Yes or No	14. RACE — American Indian, Black, White, etc.
	1 Never Merried 2 XX Merried   FORCES? 1 YES 2 XNO   IF YES, GIVE WAR OR DATES	1 VES 2 NO Specify		Specify:
日日	15. DECEOENT'S EOUCATION 16a. OECEDENT'S USUAL (Specify only highest grade completed) (Give kind of work do.	ne diving most of unchina	16b. KIND OF BUSINESS/INDU	WHITE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)  STH GRADE  N/A  ASSEMBLI	d.)	WESTERN EL	ECTRIC
BE CO	17. FATHER'S NAME (First, Middle, Last) FREDERICK KREPPEL	BARBAR		
2		ESS (Street and Number or Rural F ETHORN ROAD 1	noute Number City or Town, State, Zip C BALTIMORE, MARY	LAND 21220
	20b. METHOD OF DEPOSITION  1 M Burtlel 2 Cremation 3 M Removal from State  20b. PLACE AND DATE OF DISP cemetery, cremetry or other part of the part of	OSITION (Name of AITH CEM. 10-1	DATE 20c. LOCATION — CI	
	21. SIGNATURE OF YUNGHAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	CILITY	RE, MARYLAND
	1 Wyle " + form	7922 WISF AU	RAL HOME OF DUNT ENUE DUNDALK	MD 21222
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter ahock, or heart feliure. List only one cause on sect line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  BUE TO (OR AS A COMSEQUENCE OF)	as cardiac or raspiratory arre	st, Approximate Interval Between Onset and Death	
NO.	Sequentially list conditions,  Many leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			1
TIF	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST			
	d			
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS ANALAMIE PROOF TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH /Cho	ch anh and	
PHYSICIAN:	EXAMINER?  1 ☐ YES 2 ☐ O OTH  1 ☐ Inputer 2 ☐ ER/Outputer 3 ☐ DOA 4 ☐ N			
	27. MANNER OF DEATH  1 Netural 5 Pending  28. DATE OF INJURY  (Manner, Day, New)  286. TIME OF INJURY	29c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUR	RED
D BY	2 Accident Investigation 3 Suicide Could not be 28th PLACE OF BUUINY At boms, farm, street, to	1 YES 2 NO	281. LOCATION (Street and Mumber of	Born Broke Months
	4 Homicide determined		City or Town, State)	The Period Periods
COMPL	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination and or investigation, in my	time, date and place, and due to repinion, death occured at the t	to the cause(s) and manner as stated time, data and place, and due to the s	cause(x) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2 pc. LICENSE MUM		BIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7,73	<b>&gt;</b> 9	-28-91
	Dr. E. Do Khuda Ste  31. DATE FILED (MORITI, Day, Year)  32. REGISTRAR'S SIGNATURE	le Moris	Hospice.	2 bolds ma

7

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending in here	lled in by the funeral director, page 5 should be detached for use as the burnied, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2" hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the purpose be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OI	F MARYLAND / DEPARTMENT OF HE CERTIFICATE OF I
DECEDENT'S NAME (First, Middle, Last) GILBERT	С.	HOOPER Jr.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /			OF H				HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, List) GILBERT	С.	HOOPER						2. DATE OF		V.	9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Inst					7. DATE OF			9	PLACE (State or Foreign	
	218-28-1055	1 € M 2 □ F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, 1)	Day, Year)		Countr	land
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE		20	9c. COL	INTY OF D	
OR	THE JOHNS HOPKIN	S HOSPITA	AL		ВА	LTIM	ORE				BALT	TMOR	E CITY
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y		10c. CIT	Y. TOWN (	OR LOCATI	ON					1	10d. INSIDE CITY
DIR	Maryland Baltimore				owson								LIMITS?
AL	10e. STREET AND NUMBER						ZIP COOE				10g. CIT	IZEN OF W	/HAT COUNTRY?
E H	11 Ruxlea Ct.						2120	)4			U	.S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Merried 2XXMarried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 NO	(ED		WAS DECE If yes, spe 1 YES	clfy Cuber	n. Mexicer	IC ORIGIN? ( n, Puerto Ric :	Specify Yes en, atc.)	or No		- American Indian, White, etc. by: White
8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DEC	EDENT'S	USUAL O	CCUPATIO	N t of workin		16b. K	IND OF BUS	INESS/IN	DUSTRY	
J.	Elementary/Secondary (0-12)	College (1-4 or 5 +				during mos lanuf							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 yrs.	P1	rodu	ct I	dent:							
Ö	Gilbert C. Ho	oner Er							WE (First, Mid Vince		Surneme)		
BE	19s. INFORMANT'S NAME (Type/Print)	oper or	19b.	MAILING	ADDRESS	S (Street en			V TIICE		1. State Zi	in Code)	
2	Shirley Hooper								Maryl				
	20a, METHOD OF OISPOSITION 1 Burlel 2 X Cremetion 3 Rem	oval from State	20b. PLACE AT	ND DATE	OF DISPOS	ITION /Nan	ne of		OATE	20c. LO	CATION	City or To	*
	4 Donation 5 Other (Specify)		Greenm	ount					9/30	Balt	imo	re,Md	
	Robert Michael	nichael 1 Kratz	, Krat	V		650	hell O Yo	-Wie	defel	21.2			
	23. PART i. Enter the diseasea, or cahock, or heert failure.	complications that	caused the dea	th. Do r	not enter	the mod	le of dyi	ng, such	ae cerdia	c or respli	ratory ar	reet,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Lu		Cay	nci	er							Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502.101	ON AS A CONSEQU	DENCE OF	r):								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSECU	JENCE O	F):								
ERI	resulting in death) LAST	d											
CALC	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
									_  ,	PERFOR	450		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED													1 TES 2 NO
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER	R:			ck only one)				
HYS	27. MANNER OF DEATH	1 Impatient 2 = 28e. DATE OF	INJURY	28b. TIM		sing Home 28c. INJU		ildence (	28d. OESCR		LILIBY OC	CUBED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)		URY	WOR		NO				CONED	1
	3 Suicide 8 Could not be	e, farm, i	Hreet, tect	ory, office			281. LOCATI	ON (Street e	nd Number	r or Rumil R	oute Number,		
ETE	4 Homicide determined		etc. (Specify)						City or 1	fown, Stete)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of s R: On the basis of ex											and manner se stated
	296. SIGNATURE AND TITLE OF CERTIFIER		- A - N				29c. LICE						(Month, Day, Year)
TO BE	30. NAME AND AGORESS OF PERSON WHO	O COMPLETED CAUSE	FOF OF ATH STEM	27) /5	Pripel		FIS				<b>&gt;</b> 4	1/22/	1
	Byed Sherroll	Johns F	bokins	ary (nype.	Moz	pit.	al						
	31. DA: "In. Day, Year)	OCHETA	P'S SIGNATURE	qui	ia Dav	idson-	Rand	elle.					
	NAT SHIPPING TO			3/		M. s. alternative							

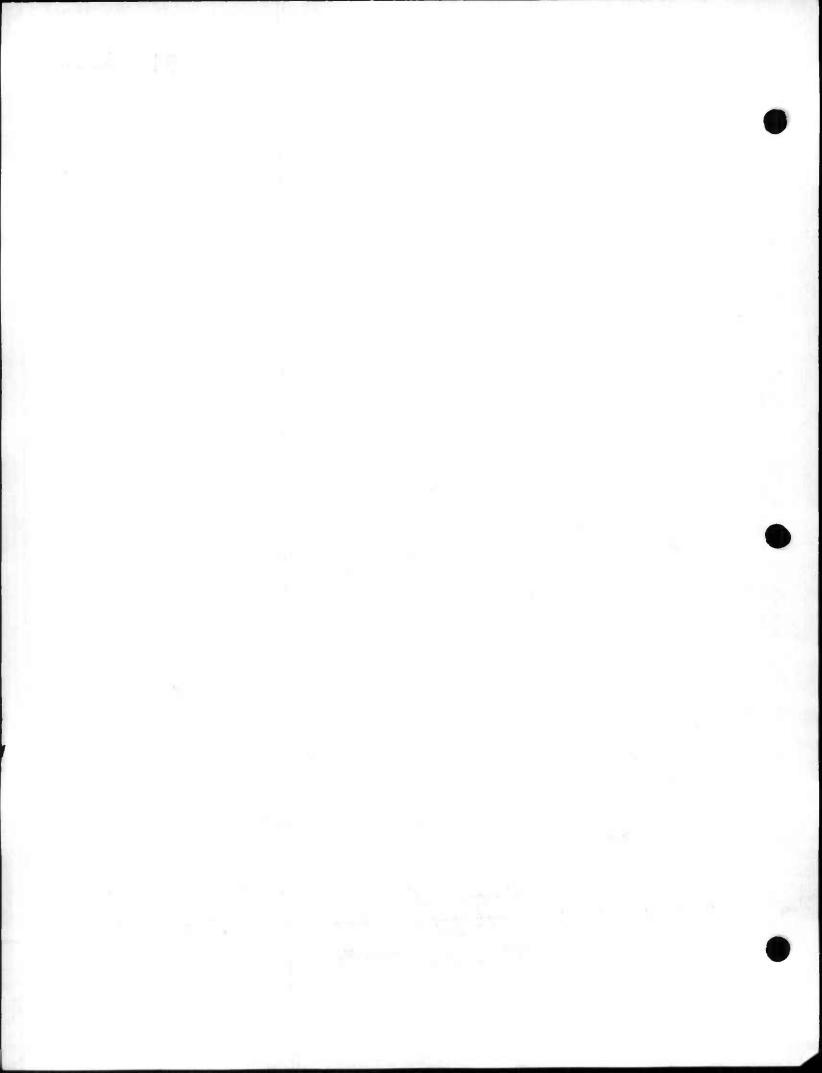
011 -12

_5	
0	
BOX 68760	
-	
œ	
9	
-	
0	
m	
ш	
_'	
P.0	
О.	
S	
0	
_	
Œ	
$\sim$	
RECORDS	
ш	
~	
ш	
VITAL F	
d	
-	
=	
-	
L	
$\overline{a}$	1
$\mathbf{O}$	1
7	ľ
-	ì
0	t
-	
S	ł
	ı
DIVISION	
~	į
	the second secon
	1
	ı

	1 - STATE OF MARY!	AND / DEPARTMENT OF	HEALTH AND N	MENTAL HYGIEN	and the same of	26572		
	1. OECEDAT'S NAME (First, Middle, Last)  OHOPPING  Hol	CERTIFICATE OF	DEATH	2. DATE OF DEATH	AY YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE	(In yrs. last birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. Bi	RTHPLACE (State or Foreign		
N.	9e. FACILITY NAME (If not institution, give street end number)  JOHN HOPKINS HOSPITAL		OR LOCATION OF DE	10/31/19	9c. COUNTY O	DEVILLENCE INCI .		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	TION	ATY		10d, INSIDE CITY		
	Mary and	Battin		4	•	1 TYES 2 NO		
FUNERAL	2627 Beryl Ave.	"	Z1ZC	5	10g. CITIZEN C	S. A.		
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Midowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO If yes, s	CENOENT OF HISPANI pecify Cutum, Mexican 2 MO Specify:		8	ACE — American Indian, lack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. OECEOENT'S USUAL OCCUPAT (Give kind of work done during m life. Do NOT use retired.)	ON ost of working	16b. KINO OF BU	SINESS/INOUSTR	Y		
MPL	11th Grade	HOMEMAKER						
BE CC	WILLIAM GITTINGS		ELSIE	NE (First, Middle, Melden EMARTIN				
TO	190. INFORMANT'S NAME (TypesPrint) PATRICIA HALL	1910 MAILING ACCRESS (Street 1112 GLENEA	GLE RD,	2ND FL.	n, State, Zip Code) / BALTO	., MD 21239		
		D. PLACE AND DATE OF DISPOSITION (N		OATE 20c. LO	CATION — City of	r Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NO ACORESS OF FAC		LJVILL	L, MD		
	Blades Wane	WM.C.	MARCH F	.H./1101	E. NO	ORTH AVE.		
	23. PART I. Enter the disesses, or complications that ceuse shock, or heart fellure. List only one ceuse on eliminate cause (Fine) disease or condition resulting in death)	ech line.	ede of dying, such	es cardiec or reap	ratory erreat,	Approximete Interval Between Onset and Death		
N	Sequentially list conditions b.	A CONSEQUENCE OF):						
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):						
CERTIFICATION	that initiated events resulting in deeth) LAST	A CONSEQUENCE OF):						
	PART II. Other significent conditions contributing to deeth b					24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
PHYSICIAN: MEDICA	Status POOR nutritional							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF OEATH (Chec	ck only one)				
HYSI	1 VES 2 NO 11 Inpetter 2 CENOUTS 27. MANNER OF DEATH 260. DATE OF INJURY	Datient 3 DOA 4 Nursing Hor	e 5 🗆 Residence 8					
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY W	PRK? YES 2 NO	28d. OESCRIBE HOW II	NJURY OCCUREO			
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, atc. (Special Could not be determined)	— At home, farm, street, factory, offic clfy)		28t. LOCATION (Street e City or Town, State)	nd Number or Run	mi Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my know and my know one)	ledge, death occurred at the time, date n end/or investigation, in my opinion, o	end plece, end due to	o the cause(s) end men	ner se stated.	e(s) end menner es stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  AND AND AND AND AND AND AND AND AND AND		29c. LICENSE NUME			EO (Month, Dey, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE Allen HSICH 600 N	ATH (ITEM 27) (Type, Print) . Wolfe St				/ (1		
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE	Dan-	Md. 212	-05			
	OCT 0 1 1991 Julia Bavidson	Rendelle				OHMH-16 Rev 1/89		

	once.
	W
	notified
	Pe
	must
	arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
r remova	nedical
n, o	9
OILE	=
, crem	event,
DUNA	atte
MIOT 10	traun
Jene 1	other
È	10
Merical	njury.
and	M
Leann	WS al
5	sho
Jehr	23
Sidie I	Hem
2	0
MILL	rrked,

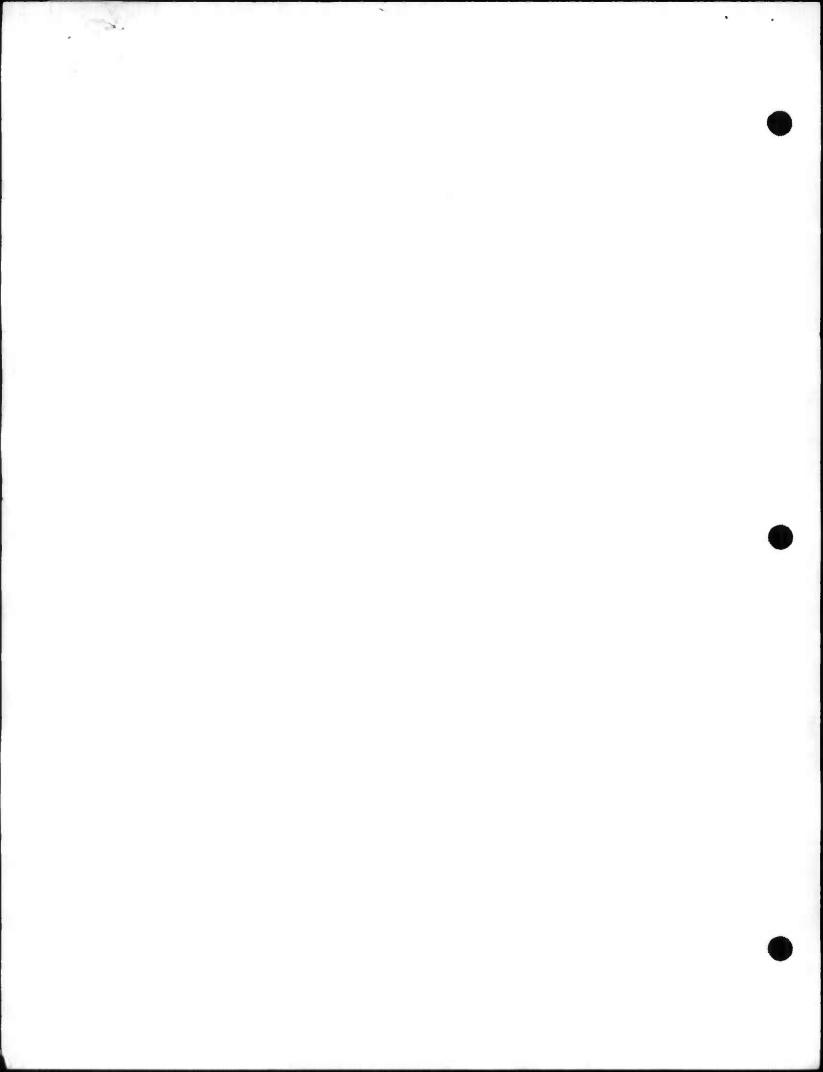
		FOR 1 STATE	STATE OF M	TARYLAND	/ DEPAR	TMENT	OF H	EALTH	AND I	MENTA	HYGIFI	91	4	6313
		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	JOHNNIE	HAZEL	ERTIF	ICATE	OF	DEA	ТН	2. DATE	REG. NO	).	991	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7 DATE	OF BIRTH	0 1		HPLACE (State or Foreign
		255-01-3727	1 💢 M 2 🗌 F	74	YRS,	MONTHS	DAYE	HOURS	MIN.	(Month	. Day, Year) -22-19	217	Coun	S. C.
		8s. FACILITY NAME (If not institution, give a	treet and number)			ab. CITY,	TOWN O	R LOCAT	ION OF DE		-22-1.		UNTY OF	
OBO		38 S. Culver	Street			Ba	1t.ir	nore						
		10s. STATE 10b. COUNT			10c CIT	, TOWN OF								
DIRECTOR		Md				imor		- ION						10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL		38 S. Culver St	treet				10f.	21	229				S A	WHAT COUNTRY?
BY		11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED (NO	11	yes, spe	enDENT (city Cube	an, Maxica	n, Puerto F	? (Specify Yellican, etc.)	s or No-	14. RAC Blac Spec	E — American Indian, ock, White, etc.
윤	Ì	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S Give kind of w	USUAL OC	CUPATIO	N t of worki	na	16b.	KIND OF BL	ISINESS/IN	DUSTRY	
COMPLET		Elementary/Secondary (0-12)	College (1-4 or 5+		le. Do NOT us	e retired.)		T OF WORK	· ru					
		17. FATHER'S NAME (First, Middle, Last) Clarence Hazel						18. MOT	HER'S NAI	ME (First, A	liddle, Meider	Surname) Haze	1	
TO BE		18s. INFORMANT'S NAME (Type/Print)		1	8b. MAILING	ADDRESS	Street ar							
۲		Emma Hazel			38 S.	Cul	ver	Str	eet 8	Balti	more,	Md :	2122	9
		20s. METHOD OF DISPOSITION 1 A Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Company of Mark 1991)  20c. LOCATION — City or Town, State  A P DUTUS of Mellion 1 all Park 1991  A P DUTUS Not Mellion 1 all Park 1991  A P DUTUS Not Mellion 1 all Park 1991  A P DUTUS Not Mellion 1 all Park 1991  20c. LOCATION — City or Town, State												
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 11		22. N	AME AN	D ADDRE	SS OF FAC	CILITY			,	
		· Haren M	Lugare	t Ko	ger	7 /	1300	141	/H We	Ave	nue			
CERTIFICATION		23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  a. OUE TO (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):												
ERTIF		CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (	OR AS A CONSE	QUENCE OF	):								
MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
S		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			OTHER:	26. PL/	CE OF D	EATH (Che	ck only one	)			
PHYSICIAN:		1 VES 2 NO	1 Inpatient 2 I		3 DOA	4 🗆 Numir		_	sidencs (					
BY PI		1 Natural 5 Pending Investigation	26s. DATE OF I (Month, Day		28b. TIME INJU	OF 2	8c. INJU WOR 1 Y		NO	28d. OE\$(	RIBE HOW	NJURY OC	CURED	
ETED	l	3 Suicids 6 Could not be determined	26s. PLACE OF building, s	INJURY — At he tc. (Specify)	ome, fsrm, st	reet, factor	y, offics			28f. LOCA City o	TION (Street Town, State)	end Number	r or Rural i	Route Number,
COMPLI		2 MEDICAL EXAMINER		ny knowledge, d	esth occurred	st the tim	e, date s nion, de	nd place, ath occur	end due to	to the caus	e(s) and ma	nner ss stat	ted. he csuse(i	s) end manner ss stated.
TO BE		28b. SIGNATURE AND TITLE OF CENTIFIER	1/1		ph	2 ch		29c. LICE	NSE NUM	BER / A	,9	29d. OAT	E SIGNED	Month, Day, Year)
F		30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M/27) (Type, I	Print)	16	W.	000	Ui-	Rd	B	nh	10/9/
		31. DATE FILEO (Month, Day, Magnet)	32. REGISTRAR 1991	A. 30	widson-	Randa	0.			/			, ,	
_	-16-			d	1-1001	1 .10-0								



OCT 0 1 1991

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Robert H. H. H.			2, DATE OF DEATH MONTH 9	23 9 YEAR	3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/29/07	6. BIR	THPLACE (State or Foreign only) Shington, DC			
OR	90. FACILITY NAME (If not institution, give street and number)  5HADY CROVE ADVENTIST		Rockville	DEATH	Montgo	DEATH			
디	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	100 CITY T	OWN OR LOCATION			10d. INSIDE CITY			
DIRECTOR	Maryland Montgomery		hersburg			LIMITS? 1 ☐ YES 2XX NO			
FUNERAL	211 Russell Avenue, #209		10f. ZIP CODE 20877		United States				
BY	11. MARITAL STATUS  1 Never Merried 22 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISP, If yes, epecify Cuben, Mexic 1 YES 2XXNO Specific Specifi	can, Puerto Rican, etc.)	Sp	CE — American Indian, ack, White, atc. acity: White			
8	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		k done during most of working etired.):	0.1					
MP	12 5+	Ordained	Minister	Clergy					
8	17. FATHER'S NAME (First, Middle, Leet) Francis L. L. Hiller			Orlone Rocci					
BE		16		Orlena Begg	_				
5	190. INFORMANT'S NAME (Type/Print) Alice Ziegler Hiller		Spress (Street and Number or Rural sell Ave, #209	20877					
			ON (Name of cometery, crematory of		CATION - City or				
	1X Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	other place) Edge Hill				vn, W.VA.			
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	rake uiii		FACILITY The Mola	vin T	Strider Co,In			
	John m Lierney	083	Colonial Fund Charles Town	eral Home, I West Virgi	P.O. Boz inia 25	x 388,			
	Approximate shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due Tolor As a conscouence or of the condition of the co								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. CCCBbrul + hrom box15  DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.								
	PART II. Other algorificent conditions contributing to deet	h but not resulting in	the underlying ceuse given i	n Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
EDICAL		1	terioscleros	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Σ	with demantia, Benjan prostative								
AN	25. WAS CASH REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
Sic	EXAMINER2 HOSPITAL: OTHER:  1 VES 2 NO 1 Interiment 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
BY PHYSICIAN									
	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, atrest, fectory, office building, etc. (Specify)  28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
96	29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  9-23-9								
10	James R. Modre, Jr.	207 B	outes Ave 1	Saitherst	uay k	nd.25077			
	31. DATE FILED (Month, Day, Year)  OCT 0 1 1991 Julia Davidson-M	andelle			J				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21203-3146

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)  RNAW	A - H	HARRIS BRYAN AL				2. DATE OF DEATH MONTH	7-9	3. TIME OF DEATH AW
	4. SOCIAL SECURITY NUMBER 218-80-4262	1 M 2 🗆 F	AGE (In yrs. lest birthday)  YRS.		THE DAYS	IF UNDER 24 HRS. HOURS MIH.	(Month, Day, Year) Cou		SIRTHPLACE (State or Foreign Country) Maryland
POR	90. FACILITY HAME (If not institution, give st Harbor Hospital				altimo	OR LOCATION OF DE	АТН	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	/A		Balti		(Brook)	yn)		10d. INSIDE CITY LIMITS? 1 [X YES 2 ] NO
FUNERAL	3708 Seventh Stree	et,			1	OF WHAT COUNTRY?			
ВҰ	11. MARITAL STATUS 1 Hever Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNC		13. WAS DE If yes, s 1 YE	RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th Grade	CATION completed) College (1-4 or 5+)	(Give	e kind of work of the NOT use reti	done during n red.)	nost of working	166. KIHD OF BU	dentia	
BE COM	17. FATHER'S HAME (First, Middle, Last) Bobby Lee Harris	S				Ma	ME (First, Middle, Melden ry Marlene	Rathe	
101	196. INFORMANT'S NAME (Type/Print)  Mrs. Joan L. Harris  190. MAILING ADDRESS (Street and Number or Fural Fourte Number, City or Town, Stete, Zip Code)  3708 Seventh St., Balto., Md. 21225								
	26a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	Cedar	** Hill	Ceme		9/30 Ba	ltimor	e, Maryland
21. SASNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brookly 237 E. Patapsco Ave., Balto., M								klyn , Md. 21225	
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)			nth. Do not a	enter the n	Syna	h se cardiac or resp	Iretory arrest	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE, TO (OR AS A CONSEQUENCE OF):  DYE TO (OR AS A CONSEQUENCE OF):  C. DYE TO (OR AS A CONSEQUENCE OF):  DYE TO (OR AS A CONSEQUENCE OF):  C. DYE TO (OR AS A CONSEQUENCE OF):  DYE TO (OR AS A CONSEQUENCE OF):							29dey	
MEDICAL	PART II. Other significant condition	na contributing to deat	h but not re	esulting in th	na undarly	ing cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1								
ВУ РНУ	27. MANNER OF DEATH  1 Heturel 5 Pending 2 Accident Investigation	26e. DATE OF INJUI (Month, Day, Yes	A A	28b. TIME OF	28c.	HJURY AT WORK? YES 2	28d, DESCRIBE HOW	NA	-
Suicide  4 Homicide  Suicide  6 Could not be building, etc. (Specify)							261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	CONSCI ONLY	BICIAH: To the best of my kr							ause(e) end manner as stated.
TO BE C	SSE. SIGNATURE AND TITLE OF CERTIFIE	auch in	9	Jul	evy	AS24	4 1614	<b>&gt;</b> 9	IGNED (Month, Day, Year) -27-91
F	30. HAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM	1 27) (Type, Pri	10-	300	1-S.HAI	VOVE	1 55 ml

3001

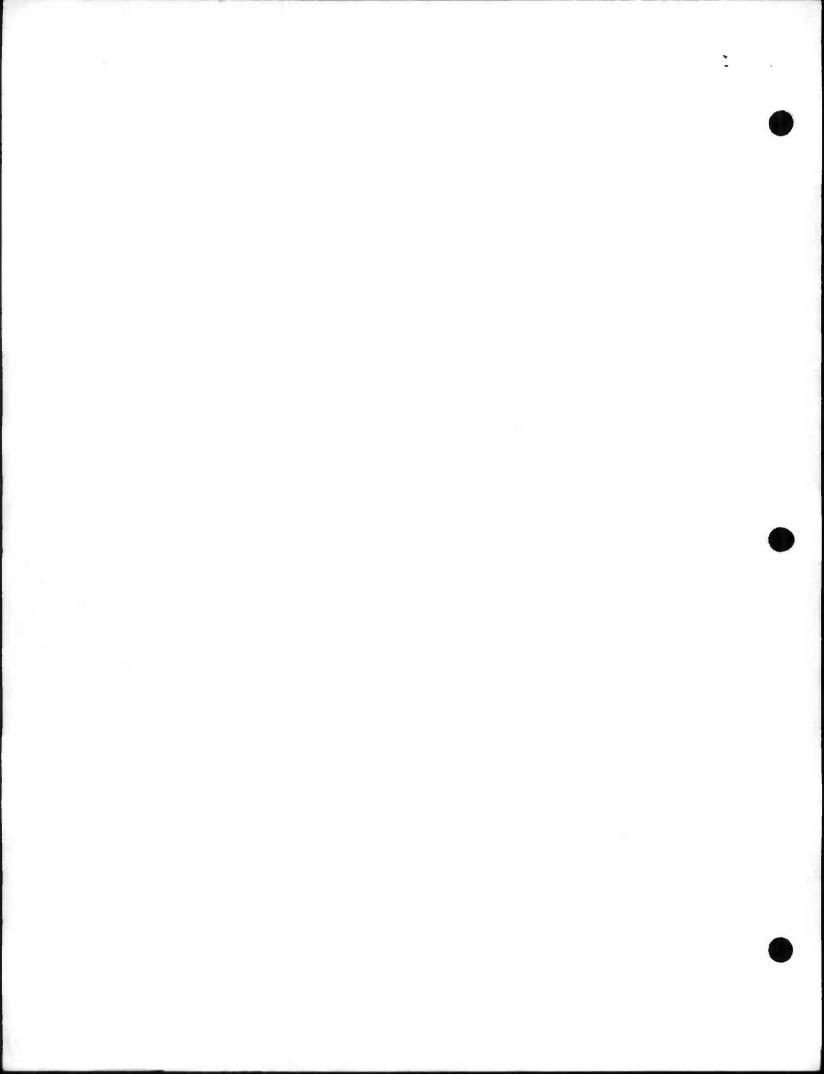
me

31. DATE FILED (Month, Day, Year)

6 -

Fesia Davidson

32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a law rather death. Page 8 may be retained by the hospital or attending physician.

TO THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

21. Semature of Funeral Service  22. NAME AND ADDRESS OF FACILITY  CITY ON Fouried Service  Approximation of Control of C	ATATAL									
Sea PACELLY NAME (if not institution, pie should and number)  Sea PACELLY NAME (if not institution, pie should and number)  Gross Venor Health Cave Contex.  RESIDENCE OF DECEDENTY  100. STREET AND NUMBER  STATE  100. COUNTY OF DEATH  Bathesa  100. STREET AND NUMBER  STATE  100. STREET AND NUMBER  STATE  101. STREET AND NUMBER  STATE  102. STREET AND NUMBER  STATE  103. STREET AND NUMBER  STATE  104. STREET AND NUMBER  STATE  105. STREET AND NUMBER  STATE  106. COUNTY OF DEATH  STATE  107. STREET AND NUMBER  STATE  108. STREET AND NUMBER  STATE  109. STREET AND NUMBER  STATE  109. STREET AND NUMBER  STATE  100. STREET AND NUMBER  STATE	PM H									
Grosvenor Health are Center. Bathesq   Plantgome   Pla										
190. STREET AND NUMBER   190. ZOUNTY   190. STREET AND NUMBER   190. ZOUNTS   190. Z	۲.									
11. MAST STATUS 1   Never Merrind 2   Marrind 1   POPENTAL STATUS 1   TO NAME OF THE PROPERTY   TO TOWN, ARMED PROPERTY COMPANY AND PROPERTY   TOWN AND PROPERTY   TOW										
FYES, QIVE WAR OR DATES   1   YES 2   100   Specify:										
Elsementary Secondary (1-12)  College (1-4 or 8+)  Elsementary Secondary (1-12)  College (1-4 or 8+)  EXXON Gas State (1-12)	1									
10. INFORMANT'S NAME (First, Middin, Last)  10. INFORMANT'S NAME (First, Middin, Last)  10. INFORMANT'S NAME (First, Middin, Last)  10. INFORMANT'S NAME (First, Middin, Last)  10. INFORMANT'S NAME (First, Middin, Last)  10. INFORMANT'S NAME (First, Middin, Meliden Surname)  10. Informa	tina									
19b. MAILING ADDRESS (Street and Number or Flural Floutine Number, City or Town, State, Zip Code)  Baybaya Baskeyille 1825 N. Cameron St. Arl. Vq. 222  20b. METHOD OF DISPOSITION  18 Burfa 2 Chemetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometing, crematory or yopher pieces)  20c. Interest of Cameron St. Arl. Vq. 222  20c. METHOD OF DISPOSITION St. Arl. Vq. 222  20c. METHOD No. Commenter of Disposition St. Arl. Vq. 222  20c. METHOD OF DISPOSITION St. Arl. Vq. 222  20c. METHOD OF DISPOSITION St. Arl. Vq. 222  20c. METHOD OF DISPOSITION St. Arl. Vq. 222  20c. METHOD OF DISPOSITION ST. Arl. Vq. 222  20c. METHOD OF DISPOSITION										
26. PLACE OF DISPOSITION (Name of commetory, or manetory, or with State of Disposition) (Name of commetory, or manetory, or with State of Disposition) (Name of commetory, or manetory, or with State of Disposition) (Name of commetory, or manetory, or with State of Disposition) (Name of commetory, or manetory, or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory, or manetory) or with State of Disposition) (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or with State of Disposition (Name of commetory) or										
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, abock, or heer failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	20s. METHOO OF DISPOSITION  1 N Buriel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place).  WAShington National Cem. Suitland, Mary land									
ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	Kupert B. Baker Arlington, Vg. 22206									
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  246. WAS AN AUTOPSY PERFORMED?  AMAILABLE P COMPLETION OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE OF DEATH (Check only one)	ximata al Between and Death									
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  246. WAS AN AUTOPSY PERFORMED?  PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1  YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:	DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I.  Chicaria PERFORMED?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
Chranic My Completion  Completion  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  COMMED:  26. PLACE OF DEATH (Check only one)	that untimed events									
EXAMINER? HOSPITAL: OTHER	RIOR TO OF CAUSE									
27. MANNER OF OEATH  28e. DATE OF INJURY Netural 5 Pending Investigation Investigation Investigation Pending Investigation Investigation Investigation Pending Investigation Investigati										
2   Accident 3   Suicide   6   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated.  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. OATE SIGNED (Month), Day,  DASS 4 C  9.28-9	as stated.									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Johns Landbar 8218 CON Constant Ave Part										

STETH XI

1 1 1

and the second second

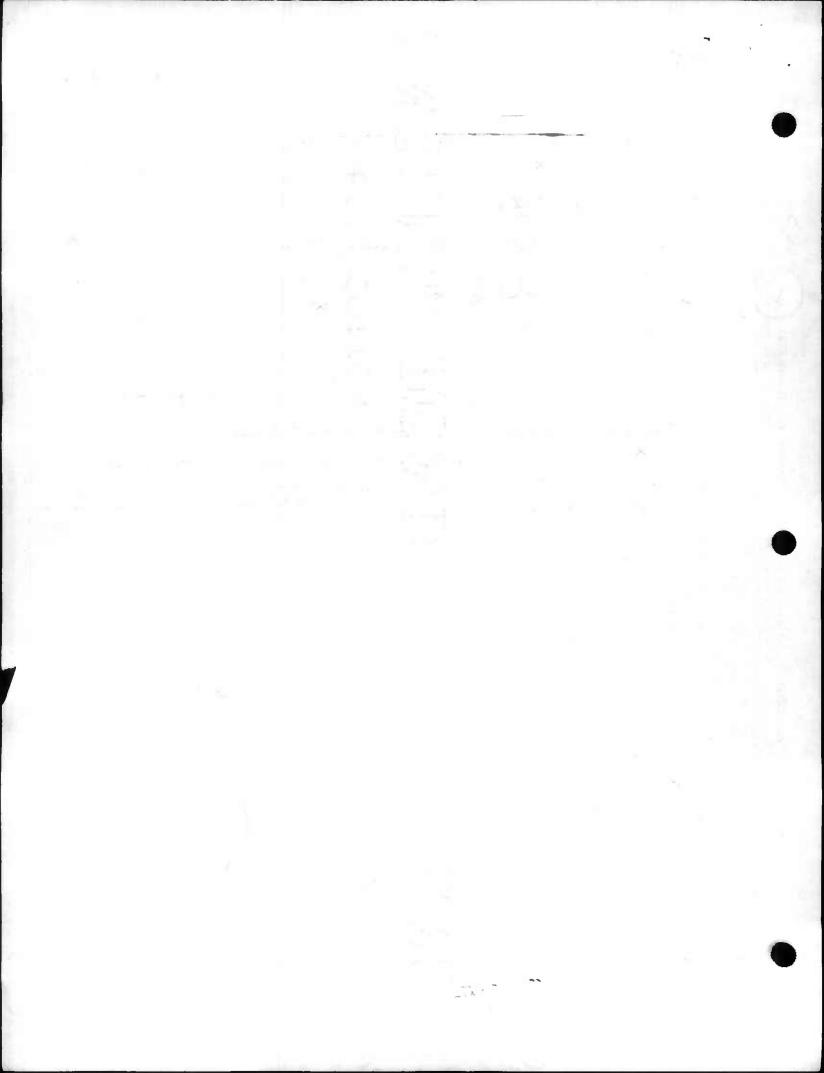
and the second of the second

BALTIMORE, MARYLAND 21215 0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to the flowest after death. Page 6 may be retained by the hospital or attending to the flowest after death with the State beet. Of Health and Mental Hygiene prior to burial, cremation, or removal.

If item 28 is marked, or item 23 shows any injury or without the state beet.

	must	
al.	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	
hours after death with the State Dept. of Health and Mental Hyglene pnor to burial, cremation, or removal.	medical	
mation,	t, the	
nal, cre	c even	
r to Du	nmati	
one pho	njury, or other traumatic even	
al Hygie	0 0	
d Memt	Injury	
ealth an	s any	
t. of H	show	
ate Dep	ет 23	
the Si	, or I	
th with	arked	
of dea	18 is m	
hours a	item 2	

1 - STATE REGISTRAR	STATE OF MARYLAND / DEP.	ARTMENT OF HEALTH AN IFICATE OF DEATH							
	HUNTER JOSEPH	(HATAMI)	9 3	DAY YEAR	3. TIME OF DEATH  3 40 A M				
4. SOCIAL SECURITY NÜMBER	5. SEX  3. AGE (in yrs. last birthde	MONTHS DAVE MOURS M	7. DATE OF BIRTH (Month, Day, Year)	911000	THPLACE (State or Foreign				
PRANCIS SCOT	e street and number)	96. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	DEATH				
10e. STATE 10e. COUR 10e. STATE 10e. COUR 10e. STREET AND NUMBER	. ——	CITY TOWN OR LOCATION  RECRY HALL			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
45 STONE		101. ZIP CODE 2 1 2	36	4.	WHAT COUNTRY?				
11. MARITAL STATUS  1. Never Married 2  Married  3  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1 YES 2 NO Specify:  1. YES 2 NO Specify:							
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	ide completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working of use retired.)	16b. KIND OF B	USINESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last)	RELA HAT		S NAME (First, Middle, Maide	_ IA(	CONI				
19a. INFORMANT'S NAME (Type/Print) FAMILY RE	LOROS 19b. MAIL	SAME AS F	Rural Route Number, City or The	own, State, Zip Code)					
20a, METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		ATE OF DISPOSITION (Name tony or other place)	TORY B	LOCATION — City or	Town, State				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE  2 Rama.	22. NAME AND ADDRESS SYA'S CH	APILOF M	Ismoris	es Svills				
23. PART I. Enter the diseases, or complications that called the deeth. Do not enter the mode of dying, such ea cerdiec or respiratory errest, shock, or heart fellure. List only one cause of each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS ACONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated eventa resulting in death) LAST  Approximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  HYPER TENSION / HY									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Respiratory Failure & PART  PERFORMED?  1 Yes 2 NO  246. WAS AN AUTOPSY PRODUCE  ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:  1.0 Tipatient 2 ER/Outpetient 3 DO	26, PLACE OF DEAT OTHER: A 4 \( \text{Nursing Home} \) 5 \( \text{Resid} \) Resid	1	VICH					
27. MANNER OF DEATH  1 Natural Pending	28a. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF INJURY AT WORK?  M 1 YES 2 N	28d. DESCRIBE HO	W INJURY OCCURED	OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER 1 Section PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)									
anal siny	YSICIAN: To the best of my knowledge, death or				e(s) and manner as stated.				
29b. SIONATURE AND TITLE OF CERTI	enap mo	29c. LICENS D 3	7630	29d. DATE SIGN	ED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON HOMA NIKNI	WHO COMPLETED CAUSE OF DEATH (ITEM 27) ( FS K	Type, Print)  M BALTI	MORE	M.D					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Junia Javana Rand								



4		-	
	_	Sac	
	2	2	
	ŏ	Jit.	
N.		per	-
	19	. Isit	
	, u	tran	
20	- SC	ria	(8)
00	-6	E P	
9	1	-	
	PÉ	10	
12	3		
2	-	182	-
9	osp	8	-
A	30	deta	fad
7	-	*	CH
8	00	101	-
A	taff	3	No.
2		10	- Pu
m	ay b	pag	be
H	E	tor,	USI
2	ge &	irec	T. III
1	2	air d	ne
	ath	nuei	Ше
A	-	S IS	ex
- 444	afte	Dy th	ical
	SIA	in t	pe
	5	lled .	E
	7 24	hy fi	t
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Athi	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 that the detaching sociuse as the burial-transit permit. Pages 1, filled within 72 hours after death with the State Dept, of Health and Mental Moiene prior to burial, cremation, or removal.	int.
76	M Da	I. Cr	eve
80	CUT	d c	tic
×	exe	n an	E
0	e De	rior	Tran
0	Cate	phys ie pi	er
O	ertif	ing I	oth
0	THE C	endi HY	-
Ś	deal	att enta	Ž
0	the	1 W	in
R	hat	d by	M
00	es t	gner	80
E	duin	f He	MO
0	w re	bee .	Sh
7	API &	has	23
1	The	ate ate	Em.
5	AN	Infice	THE
L	SICL	Cerl Che	1,0
0	HY	this	ked
Z	VG F	ath	Than
0	P	de de	S
S	LE	TOR after	28
>	RA	REC	E
0	0 7	100	He
	PITA	RA L	1: 16
	100	THE PERSON	AN
	半	出る	JAT.
	T C	二二	APL

	FOR 1 . STATE	STATE OF M	IARYLAND /	DEPAR	TMEN	T OF H	IEALTH	AND	MENT/	L HYGIEN	9	2	6578
	REGISTRAR		• C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO		73	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	DATE OF CEATH DAY OF SEAR OF S			3. TIME OF OEATH
10	4. SOCIAL SECURITY NUMBER	ELVIN 5. SEX		RNARD			NES		-		5	gran	1:40 p M
AND D	4. SOUNE SECONITY NUMBER	1. M 2   F	6. AGE (In yrs. Ia		MONTHS	R 1 YEAR	HOURS	24 HRS.	7. DATI	E OF BIRTH Wh, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
mag 1	On EACH ITY MARKE IN the least of the state	42	4	O YRS.						10 - 194	9	BALT	TIMORE
-	9a. FACILITY NAME (If not institution, give street and number)								OF OEATH 9c. COUNTY OF OEATH				
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BAI						LTIMORE CITY BALTIMORE					10RE	
EC	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
									LIMITS?				
	10e. STREET AND NUMBER			1	-	101	. ZIP COOI				10e CIT	TZEN OF Y	1 X YES 2 NO
FUNERAL	205 BALLOU COURT	r					212				log. Cit		
N	11. MARITAL STATUS	12. WAS DECEDENT	FVER IN U.S. AF	RMEO	12	WAS OFC			UC OBIO	N? (Specify Ya		USA.	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	13.	If yes, spe	ecify Cuba	n, Mexica	n, Puarto	Rican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, atc.
4	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 U YES	2 XNO	Specifi	y:			Speci	*
100	15. OECEOENT'S EOU	CATION	16a. OE	CEOENT'S	USUAL C	CCUPATIO	)N		16	b. KINO OF BU	SINESS/IN	BL	ACK
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	) (G	live kind of v Do NOT us	vork done e retired.)	during mos	st of workin	g					
D				NEMPI	OYE	D							
COMPL	17. FATHER'S NAME (First, Middle, Last)			TILDETE A	3011		18. MOTH	IER'S NA	ME (First.	Middle, Maiden	Sumame)		
W	MARVIN R. JONES						16. MOTHER'S NAME (First, Middle, Maiden Surname)  ELLA MORRIS						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street a	-			nber, City or Tow	n State 76	Code: °	
3	THOMAS JONES												AND 21229
	20a. METHOD OF DISPOSITION		20b. PLACE	AND OATE	OF OISPO	SITION /Na	me of	JITOL		OATE 20c. LOCATION — City or Town, State			
1 Surial 2 Cremation 3 Removal from State 200. LOCATION - City or Town, State 200. LOCATION - City or													
21. SIGNATURE OF FUNERAL SERVISE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. SIGNATURE OF FUNERAL SERVISE LICENSEE								MARYLAND					
86	De (Wax)		RAM	)	J	OSEPI	н н.	BRO	WN J	R. FUN	ERAL	HOM	E, P.A. P.O. BOX 4433
		W D	- Wil	C/C	1	.913 W	. BAL	TIMOF	E ST	BALTO.	MD.	21223	P.O. BOX 4433
23. PART I. Entar the diseasas, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final								ng, suc	h ss car	diac or reap	ratory an	rest,	Approximate
								Interval Batween Onset and Death					
М	disease or condition resulting in death)	. Theur	Monin	2									7 wells
	disease or condition resulting in death)  a. Phenima in a consequence of:  Oue to (or as a consequence of):  Acquired Immune												
N	Sequentially list conditions (a. A.D.S D. deficiency Syndrome: 3 months												
in any, laading to ininiediata									-				
2	CAUSE (Disease or Injury						• V						
E	that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSEC	DUENCE OF	):								
Ä													
_	PART II. Other algolificant conditions	contributing to	death but not r	eaulting I	n the ur	nderlylna	cause o	iven in	Part I.	24s. WAS AN	AUTOPSY	245	WERE AUTOPSY FINDINGS
2				- 17						PERFOR		1 .40	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									_	1 7 VES 2	□ NO		OF CEATH?
Σ									_				1 YES 2 NO
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMEC?  1 Ves 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES NO  26. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  (Month, Day, Year)  28a. OATE OF INJURY (Month, Day, Year)  29b. TIME OF Lex. INJURY AT WORK?  1 YES 2 NO  24b. WAS AN AUTOPSY PERFORMEC?  A COLUMN AND COLUMN													
									28d. OE	SCRIBE HOW II	JURY OC	CUREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At her	me, ferm, a	treet, fact	lory, office			26f. LOC City	ATION (Street a	nd Number	or Rural R	oute Number,
E													
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of n	ny knowledge, de	eth occurre	d at the t	lme, date o	end place,	end due	to the ca	use(a) and man	ner as stat	ed.	
0	2 MEDICAL EXAMINER	: On the basis of axa	emination and/or I	nveatigation	n, In my o	opinion, de	ath occure	d at the	time, date	and place, an	d due to th	e ceuse(a)	end menner as stated.
BEC	290. SIGNATURE AND THLE OF CENTIFIER					T	29c. LICE		_				(Monjh, Day, Year)
	Healer	WD "									) C	7/2	5/9/
임	NA MARIE AND ADDRESS OF SHARE &											1100	1 1 1

Johns Hopkur Hos m tol Dept of Medicie

32. REGISTRA'S SIGNATURE

191 Julia Savidson Rendere OHMH-16 Rev 1/89 ning and a

mark a little

3. TIME OF DEATH

BIRTHPLACE (State or Foreig

50 TIM

149-
4
Alter a
- seeme
20
offer death. Page & may be retained by the hornital or steamding all significant
othe s
al barie
der a
may he
ď
Dane
r death
affer

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2

8

5

	- 44	
	30	
	9	
	E	
	20	
ë	SUS	
cia	I-tra	
JS.	una	
ä	q	
di.	\$	
Te	60	
25	nse	
Te.	Po	
Spil	hed	
2	stac	
5	p	
2	ă	
Dell	ino	
eta	Sh	
8	Je 5	
34	pa	
E 9	tor,	
96	irec	
2	西	
5	ner	
9	e fo	1
in the	=	OVE
S	5	ren
20	- PG	ŏ
24	fille	on.
를	ely	nati
M.	ple	Crei
Per	000	<u>e</u>
700	B	pring
8	9	2
a a	icia	Jou
cal	1	9
in in	100	Jien
20	ngi	Ŧ
eat	atte	Hai
96	the	%e
H	3	and
=	Pe	Th.
ires	sign	-leal
nba.	6	50
*	8	pt.
9	has	ద
VYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate	tate
AN	tific	6 5
SIC	Cer	5
H	his	With
G P	l Ja	4
DiN	Att	dea
OR ATTENDING PHYSICIAL	DR:	fter
A	5	60
8	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit.	JOU.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) E, AMILLA ACKSON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 VIF 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Tour DOI RESIDENCE OF DECEDENT Glen Russe 10b. COUNTY Burnie 10e. STREET AND NUMBER Koad 21060 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puario Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 🗷 Divorced BE COMPLETED 10e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) examiner must be notified at once 10. MOTHER'S NAME (FIRST 17. FATHER'S NAME (First, Middle, Last) 19b. MAILING ADDRESS (Street and 10 6 20a. METHOD OF DISPOSITION
1 Description 2 Cremetion 3 4 Description Specify 20b. PLACE AND DATE OF DISPOSITION (Name of rematory or MAL SERVICE LICENSEE ADDRESS OF FACILITY medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, ehock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel the disease or condition resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF) OVOLEMIC or item 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO DIRECTOR: After this centrons after death with the litem 28 is marked, o 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural Accident No A 5 Pending Investigation 1 YES 2 NO BY 3 Suicide 26s. PLACE OF INJURY - At home 6 Could not be determined COMPLETED 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion,

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

M-D

32. REGISTRAR'S SIGNATURE

HAMILTON

31. DATE FILED (Month-Days War)

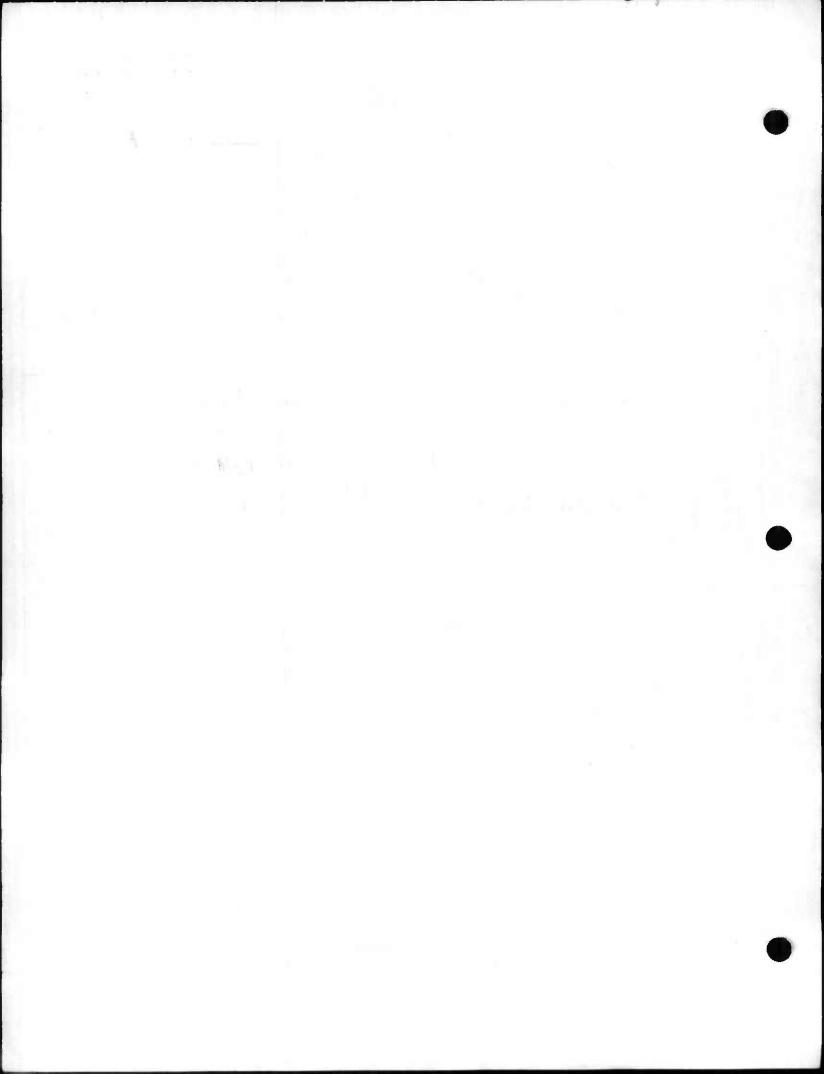
NIMEY

Medica

rina Davidson-Randalle

3001

9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE Black 16b. KIND OF BUSINESS/INOUSTRY or Town, State, Zip Code State, Zip Code) 21060 20g LOCATION - City or Town, Stata **∆pproximate** Interval Between Onset and Death OHR UNIG 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO TO YES 3 NO 20d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, 29d. DATE SIGNED (Month, Day, Year, a -27-91 TIMORIZ MD HANOUER ST DHMH-16 Ray 1/89



TO THE HOSPITAL OR ATTENDED SHARISH. The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.

IMPORTANT: H Hem 28 is marked, on Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Li	Sophie Conne	tt John	son	2. DATE OF OEATH DO	09-28	91 TIME OF DEATH 5:
4. SOCIAL SECURITY NUMBER	s. SEX 6. AGE (In yrs.	14017711	ER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign unitry)
070-34-2717"	to Market and number)		TY, TOWN OR LOCATION OF DE	12/22/06	9c. COUNTY O	New York
			Baltimore	-011		
RESIDENCE OF DECEDENT		10c. CITY, TOWN				10d. INSIDE CITY
Keswick Nur RESIDENCE OF DECEDENT 100. STATE 100. COI Maryland		luc. Citt, town	Baltimore			LIMITS?
10a. STREET AND NUMBER  700 W. 4th			101. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
700 W. 4th	Street		2121:	Ĺ	US	SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1:	3. WAS DECENDENT OF HISPAN II yes, specify Cuben, Mexics 1 YES 2 NO Specify	n, Puarto Rican, etc.)	В	ACE — American Indian, Hack, White, atc. pecify: White
15. DECEDENT'S	EDUCATION 16a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	
(Specify only highest ( Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired		_,		
17. FATHER'S NAME (First, Middle, Last	2years	Воо	kkeeper	Thoro		ed Horse Fm
Lyndon R. C				ol Morrov		
19a. INFORMANT'S NAME (Type/Print)	ornic o o	19b. MAILING ADDRE	SS (Street end Number or Rural		_	)
Carolyn C. H	enchey	5430 Ki	ng Arthur (	Circle, E	Balto.	, MD 21237
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3	Removal from State 20b. PLA	CE OF DISPOSITION	Name of cometery, crematory or	20c. LO	CATION — City o	or Town, Stata
4 Donation 5 Other (Specify)		tro Cre	matory, In	C. De	al clino.	re, MD
George E.	15	2	remation So 99 Frederic	ciety of ck Rd., I	Maryla Balto.	and, Inc. , MD 21228
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b	SEOUENCE OF):	ma j Panc	s law		1 42
	itions contributing to deeth but no	ot resulting in the	underlying cause given in	Part I. 24a. WAS AF PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					
1 YES 2 NO 27. MANNER OF DEATH	1   Inpetient 2   ER/Outpetien	28b. TIME OF	Nursing Home 5 - Rasidance 28c, INJURY AT	8 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCURE	D
1 Neturet 5 Pending Investige	(Month, Day, Year)	INJURY	WORK?	SOLD IN HUNDRED CONTRACT		
3 Suicide 8 Could no 4 Homicide determin		t home, farm, street, t	factory, office	28t. LOCATION (Street City or Town, State		ural Route Number,
CONSTRUCTION OF THE CONSTR	HYSICIAN: To the best of my knowledge MINER: On the best of examination and					use(a) and manner se stated.
296. SIGNATURE AND TITLE OF CER	Dineral	m)	29c. LICENSE NU	MBER 3 9 9	29d. OATE \$10	ENED (Month, Day, Year) 29/9/
^	WHO COMPLETED CAUSE OF DEATH (	(ITEM 27) (Type, Print)	W. 40 TST.	BALTIMON	it my	2,211
31. DATE FILED (Month, Day, Year)  OCT 0 1 1991	Julia Davidson-Rand					

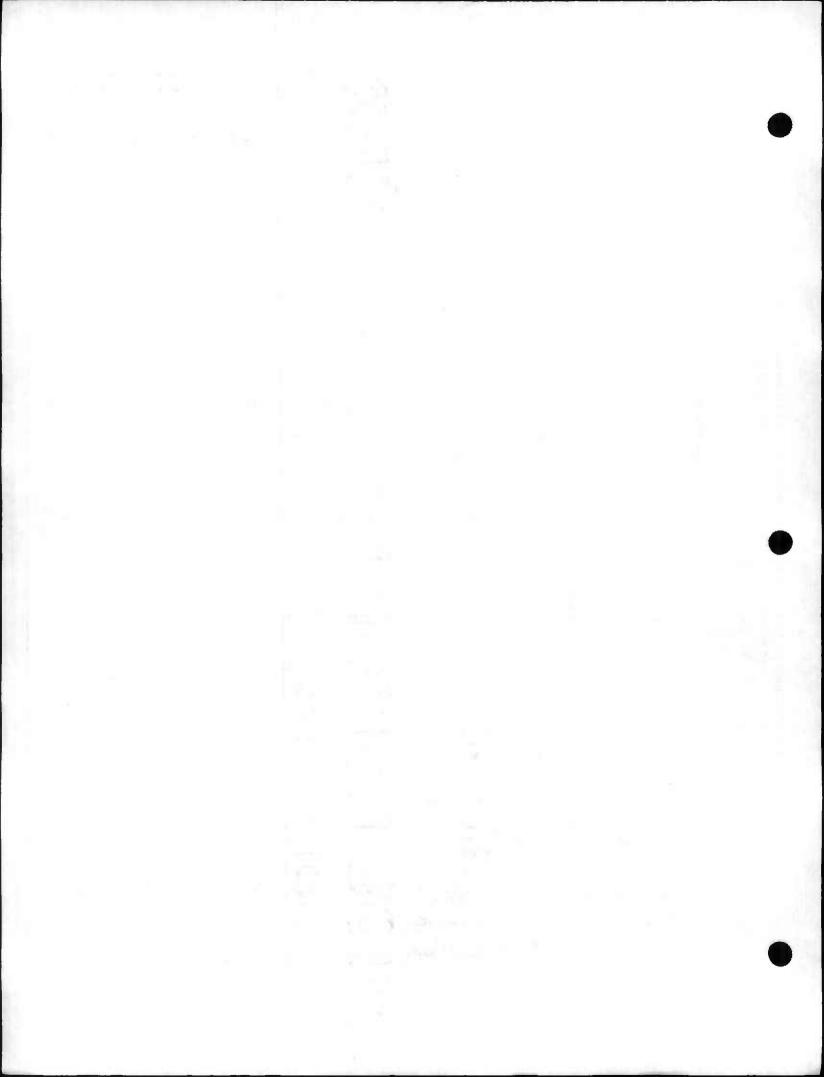
DIVISION OF VITAL RECORDS, P.O. 80X 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dear perflicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memin-Egigne-Prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
--	--

31. DATE FILED (Month, Day, Year)

OCT 0 1 1991

32. REGISTRAR'S SIGNATURE Julia Savidson-Randale

1. DECEOENT'S NAME (First, Middle, Last)	N		TELL		OF I	DEATH	2. DAT	REG. NO.		3. TIME OF DEA
marie E	Jones Esteli			an oones			MON	9 2	6	19/ 4º
4. SOCIAL SECURITY NUMBER 412-38-1302	5, SEX	6. AGE (In yrs. last	birthday) YRS.	MONTHS E		IF UNDER 24 HR		e OF BIRTH hth, Day, Year) 18/1897	7	8. BIRTHPLACE (State or I Country) ALABAMA
9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY, TO	OWN OR	LOCATION OF				TY OF DEATH
LIBERTY MED. CE	NTER			BAL	TIM	ORE			C	ITY
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			40- 017	Y, TOWN OR	LOCATIO	241				Tank mining on
MARYLAND 100. COUNTY				LTIMO		אכ				10d. INSIDE CIT LIMITS? 1 YES 2
10e. STREET AND NUMBER	10e. STREET AND NUMBER				10f. 2	ZIP COOE			10g. CIT12	ZEN OF WHAT COUNTRY?
3513 RESTERSTOWN	ROAD				2	1215			US.	A
11. MARITAL STATUS  1 Never Married 2 Merried  3 XWIdowed 4 Divorced	FORCES?	IT EVER IN U.S. ARI I YES 2 X N MAR OR DATES		If y	es, spec	NDENT OF HIS olfy Cuban, Me NO Sp	kican, Puerte	IN? (Specify Yee Rican, etc.)	or No	14. RACE — American Inc Black, White, atc. Specify: BLACK
15, OECEDENT'S EQUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Gi		USUAL OCC work done dur se retired.)			10	b. KIND OF BUS	SINESS/IND	USTRY
17. FATHER'S NAME (First, Middle, Last)	CT A C	TIAT IZED						, Middle, Maiden	Surneme)	
WILLIAM DOU	GLAS	WALKER				FLOR		RRISON mber, City or Tow		
The state of the s		190								MARYLAND 2
MARILYN CLAYTON		en 01105		E OF DISPOS						City or Town, State
1 Buriel 2 Cremation 3 Remo				CEMET		name	-			ORE, MARYLAI
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u></u>		ES	TEP	BROTH EUTAW	ERS F	UNERAL BALT	HOME IMORE	,P.A. , MARYLAND
23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.	a. Due To	O (OR AS A CONSECUTIVE OF OR AS A CONSECUTIVE	) an	Cer F):						Interval Onset a
if any, leeding to immediate cause. Enter UNDERLYING	E1	Corner Ly	les	imb	un	lonce				
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	QUENCE O	<b>F</b> ):						
PART II. Other algoriticant condition	e contributing to	death but not r	esulting.	In the und	edulac	cause alver	In Part I	Zan WAS AN	AUTODOV	24b. WERE AUTOPSY
	PERFORMED?  1 VES 2 NO						AVAILABLE PRIO COMPLETION OF OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	and the same		OTHER:	26. PL/	ACE OF DEATH	(Check only	one)		
1 TYES 2 NO		☐ ER/Outpatient 3				5 - Resider	-			
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE O (Month,	FINJURY Day, Year)	28b. TIR	JURY M	BC. INJU WOF			EŞCRIBE HOW I	NJURY OC	CUREO
I to a set of the set	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, building, stc. (Specify)								od Number or Rural Route Number,	
2 Accident Investigation 3 Suicide 8 Could not be		, atta (opecity)								
2 Accident Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best	of my knowledge, de								ted. ne cause(e) and manner at

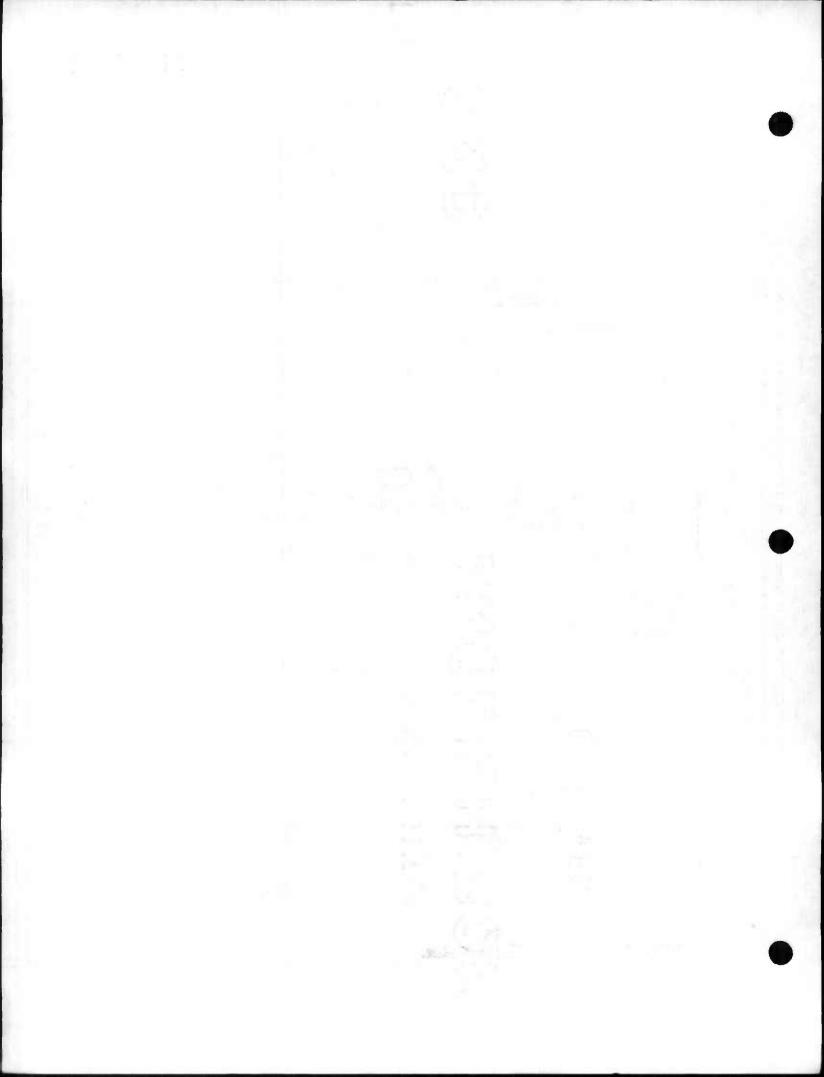


TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		ID					MONT	OF DEATH	DAY	YEAR	3. TIME OF OEATH
JASON KETTER		Ť					+	EMBER	26		
	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. last i	YRS.	MONTHS DAY	_	HOURS MIN.	7. DATE (Mont 05/	of BIRTH h, Day, Year) 27/192	25	Count	HPLACE (State or Form
9a. FACILITY NAME (If not institution, give stre CALVERT MEMO		IOSPITAL				FREDE		Κ		LVE	
Maryland  Maryland				y, town or Lo	OCATIO	PN					10d. INSIDE CITY LIMITS? 1 PES 2
106. STREET AND NUMBER 1337 Hensel Lane				The l	10f. Z	2065	7				what country? States
11. MARITAL STATUS 1   Never Married 2   Married 3   Widowed 4   Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 X NO WAR OR DATES	NED D	If yes	s, speci	NDENT OF HISPA ify Cuban, Mexic (40 Spec	an, Puerto	Y? (Specify Ve Rican, etc.)	es or No-	14. RAC Blac Spec	E — American India ik, Whita, atc. iny: White
15. OECEOENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	(Giv. life. I	e kind of v Do NOT us	USUAL OCCUP Work done during se retired.)	g most	of working		. KINO OF BL	-	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Jason Arron Ketter	man, Sr	•			1	18. MOTHER'S N	ame <i>(First,</i> zel W		n Surname)		
190. INFORMANT'S NAME (Type/Print) Dortha s. Tongue				ADDRESS (SIT		Number or Runi		toor, City or Too MD 206		p Code)	
20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Remove  4  Donation 6 Other (Specify)	val from Stata			or other place			10/1/		ocation - ltimo		
21. SIGNATURE OF FUNERAL SERVICE LICE  Lilly - Zeilerf	- 1 1	unl Sur	Son			ADDRESS OF	ACILITY	Li/11		eile	
23. PART I. Enter the diseases, or co	omplications th	at caused the dee	den oth. Do	not enter the		astern a of dying, su	Ave.	Balto diac or rea		DS21	Approxima
23. PART I. Enter the disease, or conshock, or heert feliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications th	at caused the decrease on each line.  It look of the control of th			node	a of dying, su Tal	lui,	diac or real	piretory a		
23. PART I. Enter the diseases, or conshock, or heert fellure. LIMMEDIATE CAUSE (Final disease or condition	omplications the last only one ce out to out	at caused the decruse on each line.  It Poor AS A CONSECUTION PAR CONSECUTION	DUENCE O	Con Vept	node	a of dying, su	lui,	diac or real	piretory a		Approxima Interval Be
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	omplications the last only one ce	the place on each line.  The place of the pl	JUENCE O	Vept	ng Res	a of dying, su Tal Millio oure oure	ch as car lun, n teres	Ing	N AUTOPSY	rrest,	Approxima Interval Be
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Oue TO SHALL BE CONTRIBUTED TO	o on as a consecutive paragraphic of the paragraphi	DUENCE O	rali F): Vypi F): of ) In the under	inding	a of dying, st.  Factorial of the control of the co	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY	rrest,	Approximal Interval Be Onset and Ons
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	OUE TO SHAPE OF THE PROPERTY O	DO (OR AS A CONSECUTION POR AS	JURNE O	THER: 4   Nursing SEE OF 286	Dy St. PLA	S CE OF DEATH (CT)	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PIMED?	/ 24	Approximal Interval Be Onset and Ons
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	Oue To State of the Contributing to Month,	O (OR AS A CONSECUTION OF INJURY	DOA 28b. TIME	In the under	Ny Ny Ny Ny Ny Ny Ny Ny Ny Ny Ny Ny Ny N	a of dying, st	n Part I.	24e. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO	24	Approximal Interval Be Onset and Ons
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	OUE TO SHOULD BE CONTRIBUTED BY CONT	DO (OR AS A CONSEO)  O (OR	DOA 28b. TIN IN.	THER:  4 Nursing  SE OF 286  TURY M 1  Street, factory,	Home Work office	Tale  Jack  Cause given in  The Residence of Part AT IKY  and place, and defined and place, and defined and define	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO INJURY Of	24 CCUREO er or Rural	Approximal Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC (Check only)	DUE TO SHARE OF THE BEST OF TH	DO (OR AS A CONSECUTION PAGE OF INJURY Day, Year)  OF INJURY — At hor g, etc. (Specify)  of my knowledge, desertation end/or is	DOA  28b. Till in, me, farm, meth occurr	In the under  The property of the time, on, in my opinion of the time, on the time,	Home c. injuly work office of data a	Tale  Jack  Cause given in  The Residence of Part AT IKY  and place, and defined and place, and defined and define	Theok only of 28d. OE 28d. OE 28d. OE 28d. OE	24a. WAS A PERFC 1 YES	N AUTOPSYPHMED? 2 INO TINJURY OF the and Number and due to 29d, DA	CCUREO or or Rural ated. the cause	Approximal Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be



	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAI	RTMENT O	F HEALTI	H AND	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	lohn			KRAM	7	r.	2. D.	ATE OF DEATH		YEAR	3. TIME OF DEATH
		John	A		KKAI	EK		Ser	otember w	30,	1991	5:36 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YE		ER 24 HRS.		ATE OF BIRTH fonth, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	215-12-7259	1 € M 2 □ F	69	YRS.	MONTHS D	YS HOURS	MIN.	6/	23/192	2		ryland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF D				NTY OF D	
DIRECTOR	Franklin Square Hospital					Rossv	i11	e		Bal	timo	re County
M	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
	Maryland	Balto.			Ba1	co.Co						LIMITS?
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITI	ZEN OF Y	VHAT COUNTRY?
<b>E</b>	3735 Bay	Drive				212	20			T	ISA	
5	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A	RMED	13. WAS	DECENDENT	OF NISPA	NIC OR	IGIN? (Specify Yes	_	14 BACE	- American Indian.
	1 Never Married 2 Married	FORCES?	YES 2XXX	МО	II ye	YES 2 NO NO	en, Mexic	an, Pue	rto Rican, etc.)		Black	c, White, etc.
BY	XX Widowed 4 Divorced				''	LES 5 KA ME	Speci	ry:			Speci	w White
8	15. DECEDENT'S EDUC	CATION	16a, DI	ECEDENT'S	USUAL OCCU	PATION			16b. KIND OF BUS	INFee/INF	HISTOV	
=	(Specify only highest grade Elementary/Secondary (0-12)		- (C	live kind of Do NOT u	work done durin	g most of work	ing		IOU. KIND OF BUS	ME35/MU	USINI	
1	11th.Grade	College (1-4 or 5	+)		counds	1500	202	- 1	7	L	L 0	
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)			0.1	. Oullus						tC	omplex
		ohn	7 77						st, Middle, Maiden			
B		OHn			er,Sr.		Clar					rdon
5	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	eet and Numbe	or Rural	Route N	lumber, City or Town	, State, Zip	Code)	
-	Ms.Helen V.Kr	amer		373	35 Bay	Dr.	Balt	0.1	Md. 21:	2200	/	
	20a. METHOD OF DISPOSITION	H	20b. PLACE	ANDDATE	OF DISPOSITIO	M/Name of			ATE 200 LOC	CATION	D/4 T-	wn Slate
	1 Burial 2 Cremation 3 Remo	oval from Stale	cemetery, cri	matory or o	ther place)	Orn	Tna	1	0/1 0	2 + 0 20		lle,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7	1	22 NAM	E AND ADDRI	TIIC.	L	0/11 6	aton	SVI	Ile,Md.
	- 1// . 1	a ~	/ /						Balto	.Md.	212	30
	Vaner (	1. 71	and	2	McC	ully	Fun	era	al Home	e,13	O E	.Fort Ave
	23. PART I. Enter tha diseases, or c	omplications tha	t caused the de	eath. Do i	not anter the	mode of de	Ing. suc	h ss c	ardisc or respir	atory arr	aat	Approximate
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arreat, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final							Interval Batween				
		Marana	1-1 T.F.		- i	- 10 - 10 10 1	. +-	2+1		wo t i	_	Onset and Death
	resulting in death)	Myocard	(OR AS A CONSE							roti	C	
					or cor	onary	a156	ease	3			
CERTIFICATION	Sequentially list conditions,	Pulmona	(OR AS A CONSE									
A	If sny, leading to immediate csuse. Enter UNDERLYING	Due 10	(OH AS A CONSE	OUENCE OF	7):							
2	CAUSE (Disesse or Injury											
Ē	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	ን:							
ᇤ		l										
	PART II. Other significant conditions	contribution to	donth has not a									
AL.	Chronic Obstru	ctive Du	Imonany	Dico	n the undar	ying cause	given in	Part I.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	CHITOTITE ODSCITU	ctive ru	Illionar y	DISE	ase				1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
¥.												1 YES 2 NO
ä									-			
X	25. WAS CASE REFERRED TO MEDICAL				21	. PLACE DF	EATH (Ch	eck only	one			
PHYSICIAN: MEDIC	1 YES 2 NO	HOSPITAL:	FR/Outpatient 3	□ noa	OTHER:							
È	27. MANNER OF DEATN	28a. DATE OF		28b. TIM	4 Nursing	INJURY AT	asidenca					
	1 Netural 5 Pending	(Month, D			URY	WORK?	-30	28a. t	DESCRIBE NOW IN	JUHY OCC	UHED	
BY	2 Accident Investigation	24- 81 455 0	F IAI III III			YES 2 [	NO					
COMPLETED	3 Suicida 6 Could not be 4 Nomicide determined	building,	F INJURY — At ho atc. (Specify)	me, Jarm, s	treet, factory, o	ffica		281. L	OCATION (Street and ity or Town, State)	nd Number	or Aural Ad	oute Number,
ET												
7	(Check only 1 CERTIFYING PNYSIC	IAN: To the best of	my knowledge, da	ath occurre	d at the time,	late and place	, and dua	lo the	Cause(s) and many	or so state	ď	
M	one) 2 MEDICAL EXAMINER	: On the basis of a	camination and/or i	Investigatio	n, in my opinio	n, death occu	red at the	Jime. di	eta and place, and	due to the		and manual as atotal
	29b. SIGNATURE AND TITLE OF CERTIFIER								and place, and			
B	Y A 1	Day.				29c. LIC	ENSE NUM	ABER		29d. DATE	SIGNED	(Month, Day, Year)
0	Lyune U.	Kerry	W			D	5479	1+		P 9	130	171
-	30. NAME AND ADDRESS OF PERSON WHO Lynne V. Perr	COMPLETED CAUS	E OF DEATH (ITE	W 27) (Туре,	Print)	D.		D = "	ltimore,	MD	212	27
1			enfilled Lag.					17.3	- T TMANA	INTE		

32. REGISTRAR'S SIGNATURE
1991 Julia Davidon Pondare

31. DATE FILED (Month, Day, Year)

K

DNMH-16 Rev 1/89

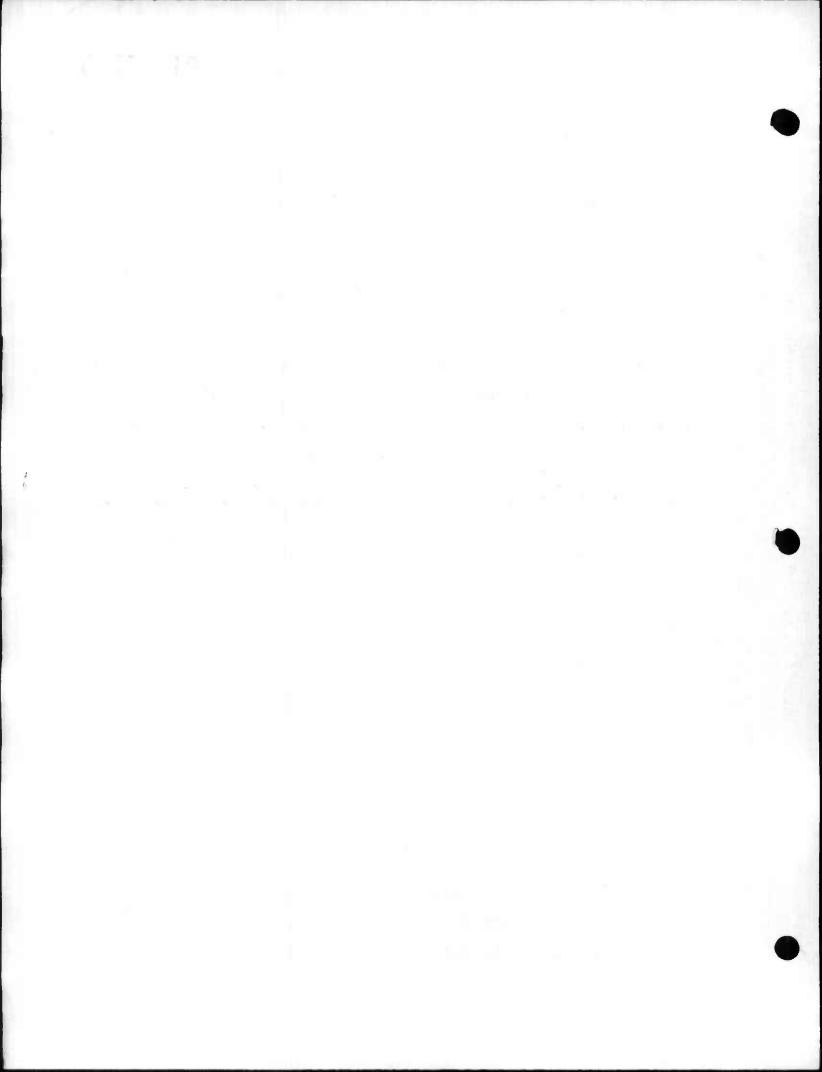
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	0 1	Por		
	Spite	peut		-5
	he h	detac		OUC
	by 1	2		76
	ined	hould		fled
	9 reta	5 5		not
	ay b	page		t be
	E 9	ctor,		South
	Page	dire		Jer I
	ath.	Inera		amilian in
	er de	the fi	Nail.	N I
	s aft	6	remo	dica
-	hou	led in	, 00	Ē
,	U 24	ly fil	ation	the
	with	plete	Crem	other traumatic event, the medical examiner
	urted	000	Jrial,	2
	exec	n and	10 p	ша
	te be	Sicia	prior	Ę
	tifical	o phy	ene	ther
	h cer	ugu	H	0 0
	deat	e afte	lemal	7
	t the	by th	N Pu	重
	s tha	Den	Ith a	amy
	quire	n sig	f Hea	OWS
	WIE	pee	pt. o	3 sh
	Ne la	a gas	og o	ш 2
1	1	ficat	Star	r ite
į	NOIS.	cert	h the	0
	Page 1	S ut	1	arke
	DING	After	deat	E
-	TEN	JOR:	after	28
	TO THE HOSPITAL OR ATTENDING PAYSLOLAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After ruls certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked; or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i	TAL (	ME	72 h	H
	OSPI	JNER	ithin	IN.
	出出	HE FI	w ba	ORT
	10	TO T	be fil	MP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	26584
Last)	2. DATE OF DEATH MONTH 9 26 19	991 3. TIME OF E

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN			MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)		LITTI TOAT	L 01 1	JEAIII	2. DATE OF DEATH		3. TIME OF DEATH	
	Doris Kane J.					9 2	6 199 I	2:40 P.M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. Is	77	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
	218-30-7386 1 9a. FACILITY NAME (If not institution, give street	M 2 XF 82	YRS. MONTHS		HOURS MIN.	7/21/		D	
FUNERAL DIRECTOR	Union Memorial H RESIDENCE OF DECEDENT  10a. STATE  MD  10b. COUNTY  Balt  10c. STREET AND NUMBER  2930 Knoll Acre	e ezip code 21234	Balto	U.S	10d. INSIDE CITY LIMITS? 1  YES 2 NO WHAT COUNTRY?				
	1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO 13	If yes, spec	NDENT OF HISPAN city Cuban, Maxica NO Specify	Blac	E — American Indian, ck, White, etc.		
BY	3 Wildowed 4 Divorced							White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)  1.2.t.h  17. FATHER'S NAME (First, Middle, Last)	ollege (1-4 or 5+)	ECEDENT'S USUAL Give kind of work don b. Do NOT use retired Real Es	atat	e Ageni		BUSINESS/INDUSTRY		
		s H. Kane			to. MOTTLET O TIX				
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRE	SS (Street and	d Number or Rural F		telle Ma Town, State, Zip Code)	IIIIIII	
2	Mrs. Mary A. Ba	ilev	2213 Ki	ngsr	idae Di	c. Wilm	ington.D	e1.19810	
	20e. METHOD OF DISPOSITION 1	from State 20b. PLACI	OF DISPOSITION (	Name of ceme	etery, cremetory or	200	LOCATION — City or 1	Town, Stata	
	4 Donation 5 Other (Specify)		enmount		Matory ADDRESS OF FA		Balto.,	Md.	
	(A)	kima		Hart	ley Mi	ller Fu	neral Ho		
AL CERTIFICATION	23. PART I. Shirt the diseases, or comproned to the shock, or heart failure. Lief immediate cause in the shift of the shif	OUE TO (OR AS A CONSI	EQUENCE OF):	nco	D-151	Pert I. 24a, WA	OLL SANAUTOPSY 24	Approximata Interval Between Onset end Death  2  Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximata Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset end Death  Approximate Interval Between Onset End Death  Approximate	
PHYSICIAN: MEDICA						1	S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000171			ACE OF DEATH (Ch	eck only one)			
SIC		OSPITAL: Inpetiant 2 ER/Outpetiant	3 DOA 4 N		6 🗆 Rasidence	6 tother (Specify)	With term	coulned to	
	27. MANNED OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJU WOR	IRY AT RK? ES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 25s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					291. LOCATION (Street and Number or Fural Route Number, City or Town, State)			
COMPLET	cool only	N: To the best of my knowledge, on the basis of axamination and/o						(s) and manner as stated.	
TO BE C	29b, SIGNATURE AND TIME OF CERTIFIER	Ron			29c LICENSE NUI	759	≥9d. DATE SIGNE	609 h	
F	30. NAME AND RYDRESS OF PERSON WHO C	B. Bell	EM 27) (Type, Print)	350	1501Pa	rul St	Briti	nd	
	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	00					61	



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

2. DATE OF DEATH DAY YEAR 3. TIME OF GEATH : 30 P 5:30 PM RAYMOND KLUSTERMAN 28 91 8. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, Day, Year) 07-29-1944 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 47 214-42-2423 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VAMC Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Lansdowne 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 Silerton Road Apt. 3-D 21227 USA as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. AR OR DATES If yes, specify Cuban, Mexican, Puerlo Ricen, etc.)
1 ☐ YES 2 📉 NO Specify: 1 Never Married 2 Merries 68 BY 3 Widowed 4 X Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY use (Specify only highest grade completed) Elementary/Secondary (0-12) 10th 1 by the funeral director, page 5 should be detached for removal. College (1-4 or 5+) Machinist Machine Shop 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, notified at Charles William Klosterman Genevieve McDonald 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Andrew B. Sullivan Silerton Road, MD 21227 Balto. eq 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory of other place)
Metro Crematory, 20s. METHOD OF DISPOSITION
1 □ Burlal 2 (A Cremation 3 □ Removal from Blate
4 □ Donation 8 □ Other (Specify) 20c. LOCATION — City or Town, State DATE must Ing9/3d Baltimore. MD 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Inc. George E. MacNabb 299 Frederick Rd., Balto., MD medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. 6 **Onset and Death** IMMEDIATE CAUSE (Final has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation. 1.23 shows any Injury, or other traumatic event, the disease or condition resulting in desth) . ACUTE MYDCARDIAL ISCHEMIA 42 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO METASTATIC ADENOCARCINOMA UF LUNG COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? SEVERE PERLIPHERAL VASCULAR DISPASE, 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate ha Item HOSPITAL: OTHER: 1 YES 2 NO tlent 2 ER/Outpatient 3 DOA ing Home 6 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO After BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DOUR STAN O .12 4 Homicide 29a. CERTIFIER

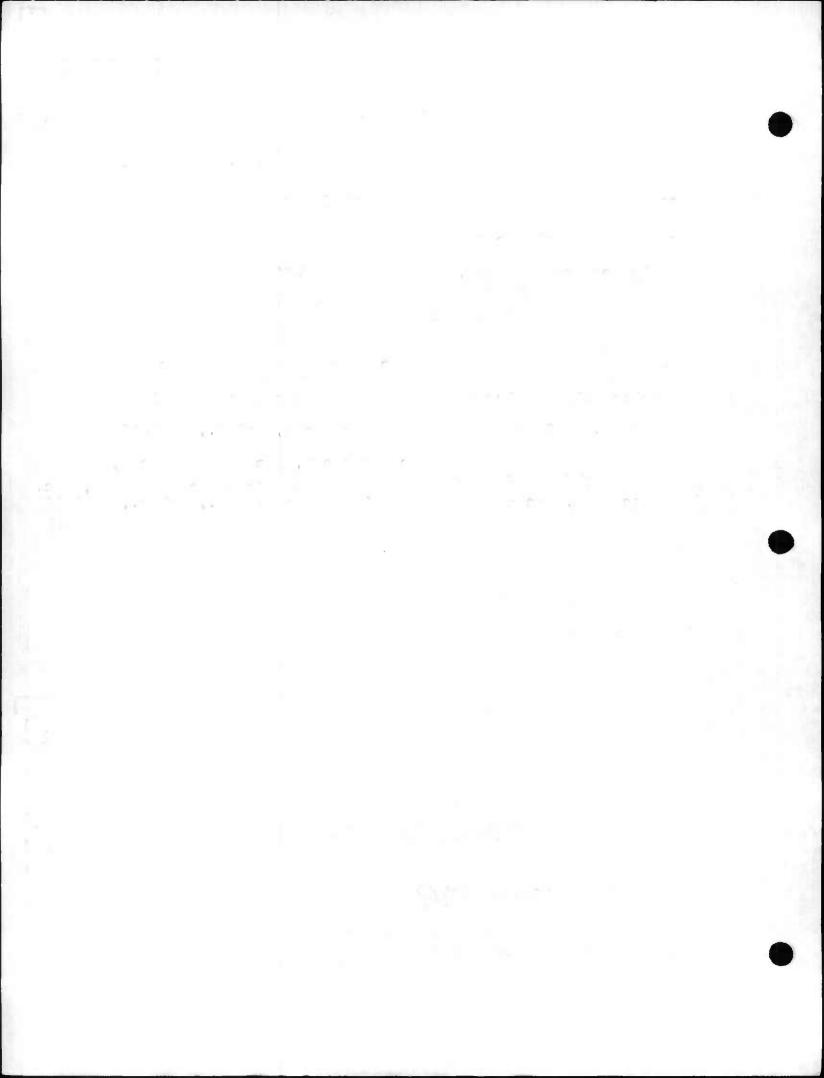
1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner ee stated. COMPL FUNERAL within 72 P IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER Day Year) 본 본교 W Hous an 9 28 91 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ia Davidson-Randale 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Raymond Charles Klosterman

DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

of b		
ache		CG.
det		00
pq py		d at
shou		IIIle
5		no
page		t be
ctor,		nus
dire		er r
neral		min.
e fur	je.	ехэ
by th	MOVE	Cal
2.	or re	ned
filled	ou.	he
tely	шар	H,
шре	, cre	ever
op p	uria	lic
in ar	2	ЕШП
Sicia	prior	1
D Ph	ene	ther
ndin	H	0 JC
afte	mtal	1,
the	N E	Iniu
De De	h an	July 1
signe	lealt	WS 8
ue.	0	shov
as be	lept.	23
ite h	ate [	Ea
tifica	e St	or 14
S Cel	that	d,
r thi	h wi	arke
Afte	dead	ES
TOR	after	28
IREC	SINC	E
AL D	2 ho	=======================================
~	-	
ME	遺	5
FUNE	1 withir	TTAN
THE FUNE	filed withir	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

6

	500							26586
	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF ICATE OF		MENTAL HYGIEI REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)	PKI		na P. K		2. DATE OF DEATH	DAY	YEAR 2 / 830 M
	4. SOCIAL SECURITY NUMBER 213-12-0463	5. SEX 8. AGE (III	yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9	BIRTHPLACE (State or Foreign Country)     Maryland
OR	se. FACILITY NAME (If not institution, give str St. Joseph Hos			96. CITY, TOWN	OR LOCATION OF DE	1 100	9c. COUN	altimore
DIRECTOR	nesidence of decedent  10a. STATE  10b. COUNTY  Maryland  B	altimore	10c. CIT	Y, TOWN OR LOCA	Hillendale	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10s. STREET AND NUMBER			1	of. ZIP CODE			ZEN OF WHAT COUNTRY?
FUNERAL	7844 Hillsw					21234		ted States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s	CENDENT OF HISPAL pecify Cuban, Mexica S 2 NO Specifi	NIC ORIGIN? (Specity Y in, Puerlo Rican, etc.) 'y:	ea or No—	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)		usual occupat work done during in se retired.)	ION ost of working	16b. KIND OF B	USINESS/IND	USTRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOSEPH	inausky			AME (First, Middle, Maide ellie		nausky	
TO E	190. INFORMANT'S NAME (Type/Print)  Howard A. King  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7844Hillsway Avenue Baltimore, Md. 21234							
	20a. METHOD OF DISPOSITION 1	val from Stata	place of DISPO other place) oreland	Memoria		91 E	ocation — o	ore Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	Milton J K	night Jr		and J. R	wck, Inc.		Md. 21214 Harford Road
	IMMEDIATE CAUSE (Final disease or condition	omplications that deused let only one cause on each	ch iine.	not enter the m	ode of dying, suc		piratory arr	eat, Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Myo care	CONSEQUENCE O	Interes	Cora.	escure y avery	bypas	Days Years Hours
PHYSICIAN: MEDICAL C	Daniel Other classificant conditions conditions and the best of th						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	28. OTHER:	PLACE OF DEATH (C	heck only one)		
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	1 Inpatient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	28b, TIR	4 Numing Ho	me 6 Realdence	6 Other (Specify)  28d. DESCRIBE HOW	V INJURY OCC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	onel	CIAN: To the beat of my knowledge.						ed.
TO BE C	296. SIGNAPOSE AND TITLE OF CERTIFIER	neffer	MD		29c. LICENSE NU	MBER 446	29d. DATE	E SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SOAR COLLUST EISTEIN

9

OR ATTENDING PHYSICIAN: The (ar many many the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT:

31. DATE PILED (Month, Day, Year)

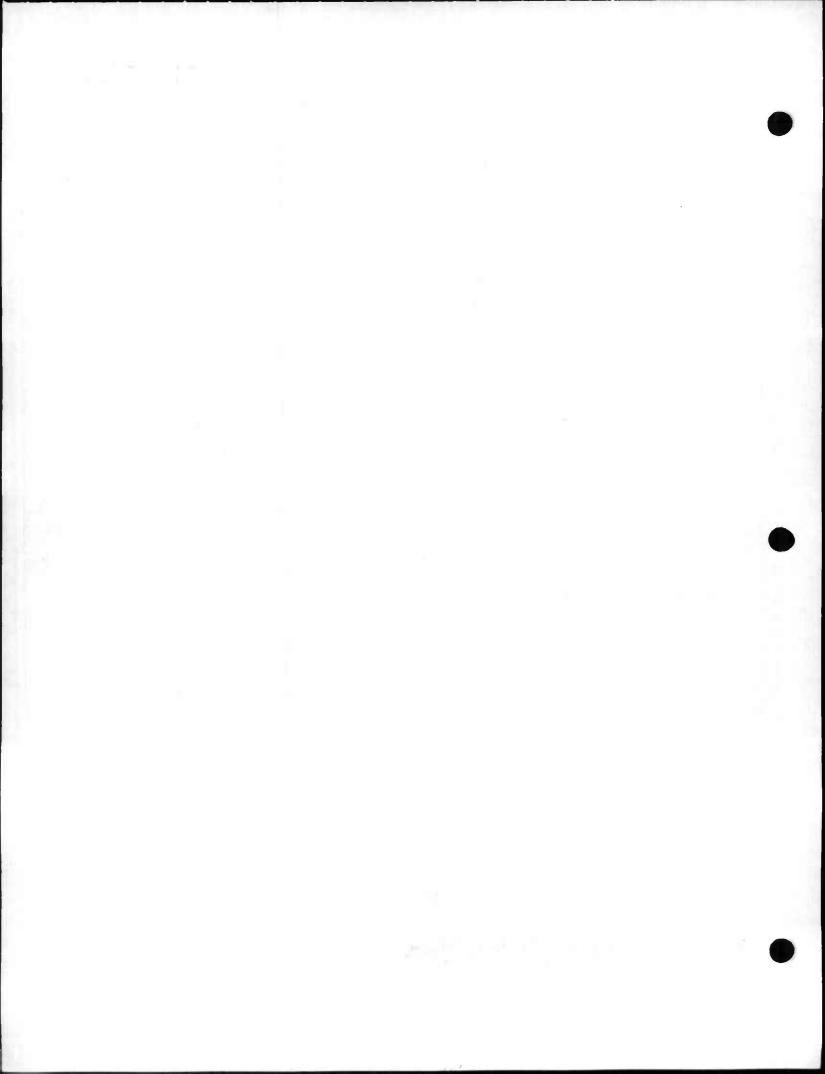
100

TO THE P

	ehori	2	
	9	ĵ	
	1 30		
	Pad	2	
	armi		
	neit		
Sician	ial-tra	3	
yhd I	P bur		
nigue	as th		
or afti	HS.		
pital	or, page 5 should be detached for use a		
e hos	etach		nce.
by th	be d		at o
ined	plnou		fled
e reta	50		noti
nay b	Dad		at be
16 6 r	rector		E
. Pag	ral di		lner
death	e fune	_;	eran
after	by th	MOVa	ca
NOUIS	u p	or re	тер
ate be executed within 24 hours after death. Page 6 may be retained by the hospital of	y fille	stion,	the
withir	pletel	Слет	rent.
petri	1 000	urial,	S S
е ехе	an and	to bi	ита
ate b	hysicie	prior	r tra
ertific	ing ph	giene	othe
eath c	affend	rtal Hy	Y. 0r
me de	-	1 Men	Minn
E Tra	è	III. AT	Aue
릔	8	Hear	DIME
M 19	H	pr. o	3 sh
The la	te has	ite De	£ 1 2
IAN:	tifical	e Sta	or ite
1YSIC	is certif	rith th	ed, c
NG P	ter th	ath w	mark
ENDI	TOR: After this of	hours after death with the State	TANT: It item 28 is marked, or item 23 shows any filtury, or other traumatic event, the medical examiner or
R ATT	REC	urs af	т 28
AL O	AL DI	within 72 hou	If Ite
HOSPIT	JNER.	ithin ;	INT
T	正	3	2

26587 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALFRED KLEINMAN SEPT. 27, YEAR 1991 45 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) AUG • 2,1926 IF UNDER 1 YEAR IF UNDER 24 HRS. 217-28-7762 1 X M 2 - F HOURS YRS. MARYLAND 65 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6016 THE TERRACES BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION
BALTIMORE 10d. INSIDE CITY MARYLAND 1X YES 2 ☐ NO FUNERAL 101, ZIP CODE 21209 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6016 THE TERRACES USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARTOR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 XO BY Specify: 3 Widowed 4 Divorced Specify: WHITE 16e. DECEDENT'S USUAL OCCUPATION

(Chem kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest & SUPPLY (Give kind of work do life. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 5+) PROPRIETOR KLEINMAN AIR CONDITIONING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam CELIA COHEN MAX KLEINMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route 6016 THE TERRACES BA BALTIMORE, MD 21209 2 MRS. HELEN KLEINMAN 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE CHIZUK AMUNO (ARLINGTON) 9/29/91 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Devilar ounson 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart Isliure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Dnset and Desth** disease or condition\_ 4 1/2 YEARS A STROCY TOMA SPINAL (OR) resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 3 Suicida 2 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined H 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 023683 191 2 WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)



YEAR

91

3. TIME OF DEATH

21060

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

, Kiffel

BAL	deat	٤	
m	after	y the	moval
	55	E E	rei
1	3	Pa	ö
		=	jon
10	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	22 hours after death with the State Deat of Health and Mental Hydiene orlor to burial, cremation, or removal.
4	20	E 0	3
131	pecut	and c	bund o
×	96	an	H TE
0	te	Sic	orio
0	fica	£	90
o.	erti	2	Agie
0.	th C	end	Í
-	dea	att	enta
S	a e	the	ž
9	THE .	3	and
5	#	Pe	4
ö	alre	Sig	Hea
Ш	red	Hee.	Ju
ш	W.	o p	arat.
7	age .	ha	Č
F	=	Sate	tati
5	IAN	iğ.	2 90
L	Sic	8	th th
0	F	this	With
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	After	death
3	EN	DR:	hor
=	A	5	64
5	9R	OIR	Poss
	Z	A	2
	0	00	

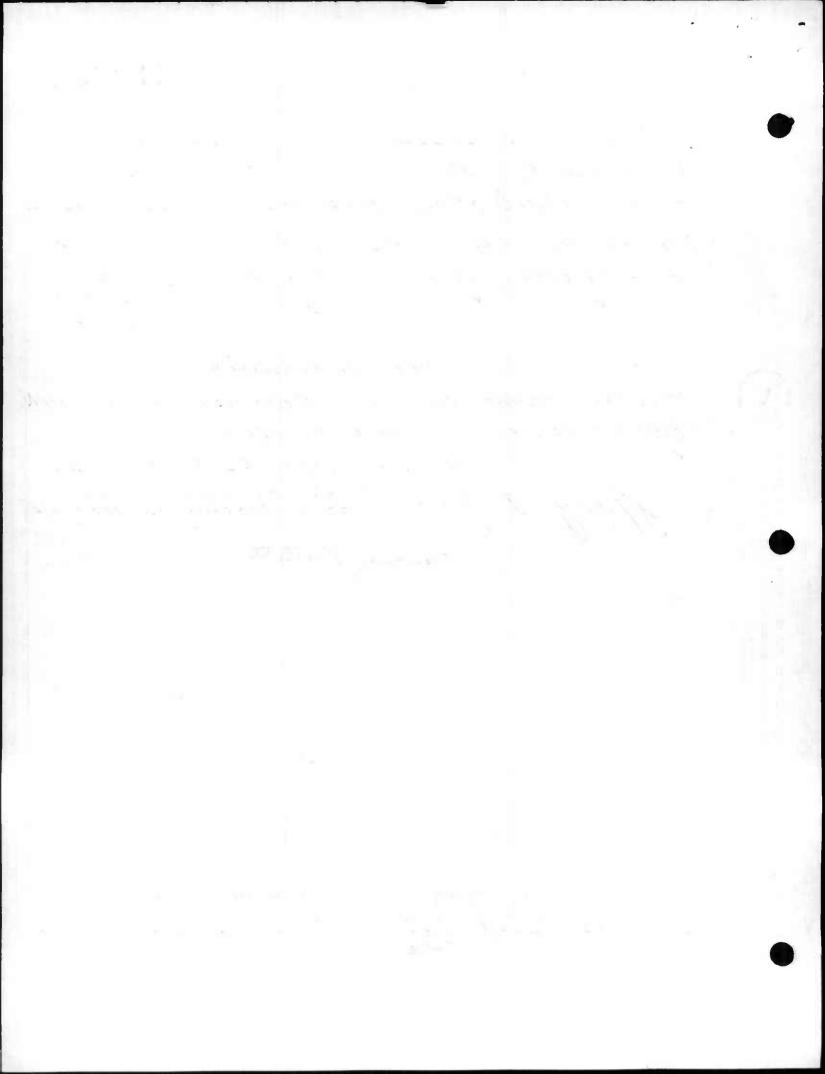
	4. SOCIAL SECURITY NUMBER 070-24-0600		(In yrs. lest birthday)  YRS.	MONTHS DA	AR IF UNDER 24 HRS.  YE HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)  AUSTRIA
	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF D			OF DEATH
DIRECTOR	Riverview Nursing	g Center		Ess	sex		Ba	ltimore
<u> </u>	10a. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN OR L	OCATION		_	10d. INSIDE CITY
	MdAnı	ne Arundel	Gle	en Burr				1 YES 2 NO
ZAL 3	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
FUNER								S.A. RACE — American Indian,
BY FU	1 Never Married 2 X Married 3 Widowed 4 Divorced	If ye	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  I VES 2 NO Specify:					
ETED	15. DECEDENT'S EDI (Specify only highest grad		life. Do NOT	work done during	PATION ag most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
	8	College (I-5 of 3 F)	Seaman			Merch	ant M	arine
at once.	17. FATHER'S NAME (First, Middle, Lest)	Kiffel			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	RITTEL	19b, MAILIN	G ADDRESS (S)	reet and Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)
be notif	Ernest Heinl		1035	6 th.	Street Po	nint Pleasa	nt Gle	en Rurnie Md
nest b	20e, METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rer  4  Donation 8  Other (Specify)	noval from State	other place)		of cemetery, crematory or			y or Town, State
ner m	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	OST HOL	/ Keges	MEY SEDT.	30,1991 Bal	timore	e, Md.
ехаш	James & Sel	addu		Leor	nard J. Ruck	Inc. 5305 Har	ford Ro	ad 21214
medical examiner must	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do	not antar the	moda of dying, suc	ch as cardiac or resp	Iratory arres	t, Approximata
the m	IMMEDIATE CAUSE (Final disease or condition	LONGES	TIVE	11=	ALT FO	(1, , , , ) =		Onset and Death
	a. DUE TO (OR AS A CONSEQUENCE OF):							
ON ON	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  a. CONGEST (VE HEART FAIL VICE I WEEK I WE WE WE WE WE WE WE WE WE WE WE WE WE							
ry or other traumatic event, CERTIFICATION	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
5 5 6	readiting in datath) EAST	d						
shows any injury, MEDICAL CI	PART II. Other algnificant condition	na contributing to death	but not resulting	in tha unda	riying cause given ir	Part I. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
Ws an						1 🗆 YES 2	NO 🗋	OF DEATH?
Z3 shov								
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)		
or i	1 TYES 2 NO	1 □ Inpatient 2 □ ER/Out 28e. DATE OF INJURY	patient 3 DOA	4 - Nursing	Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCI	PED
marked, BY PH	1 Natural 5 Pending	(Month, Day, Year)	200. 11	NJURY	WORK?	200. DESCRIBE NOW	INJUNT OCCU	RED
2 × 0	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spi	Y — At home, farm	, street, factory,	offica	28f. LOCATION (Street City or Town, State)		Rural Route Number,
ANT: It Item 2 COMPLET	one)	SICIAN: To the best of my know						
PORT	29b. SIGNATURE AND TITLE OF CERTIFIC AMERICAN AND ADDRESS OF PERSON W NO SI MARK AND A	Kenna	hus		29c. LICENSE NU	D 09019	29d. DATE :	SIGNED (Month, Day, Year)
2	NORMAN R.W.	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (TY)	oe, Print)	ED MOND.	SON AVE -	BALT	JMD 21129
4	31. DATE FILEO (Month, Day, Year) 0CT 0 1 1991	32. REGISTRAR'S SIG	Pandell.					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after the death requires that the death certificate be executed within 24 nours after the death requires that the law requires that the death certificate be executed within 24 nours after the death required to the law requires that the death certificate be executed within 24 nours after the death required to the law requires that the death certificate be executed within 24 nours after the death required to the law required to the death required to the deat	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in twith the the terms of the period of the signed by the period of Health and Mental Hydiene prior to burial, cremation, or remove.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical araminar must be notified at once.
	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than 18 may be removed the highest or attending physician.	The law requires that the death certificate be executed within 24 froum after them. Page 6 may be me to has been signed by the attending physician and completely filled in by the funeral director page 5 its Dept. of Health and Mental Hydiene prior to burial, cremation, or removed.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

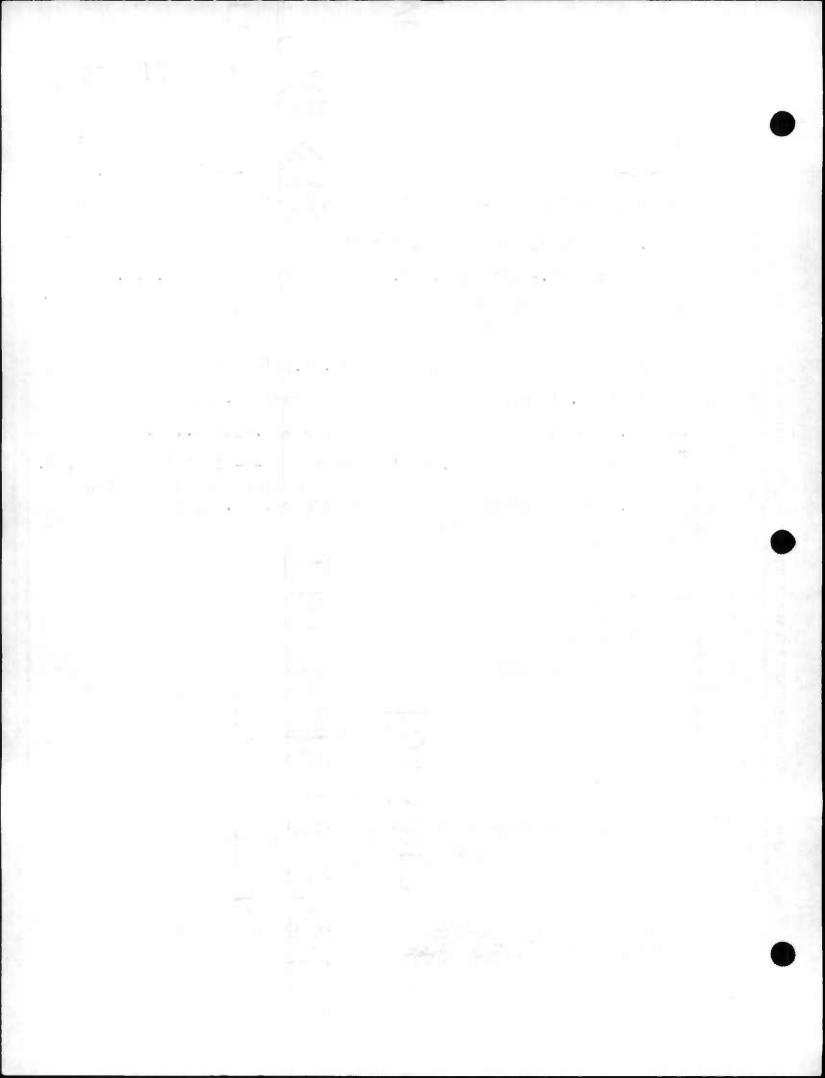
	nedistriAn		CERTIFIC	AIE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	MITC	HELL			2. DATE OF DEAT	DAY 190	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-09-0362	1 1 M 2   F   S		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	1906	BALTO MD.
TOR	98. FACILITY NAME (If not Institution, give st 2902 EME) RESIDENCE OF DECEDENT	RALD K	POAD	PAL	WILL WILL	DEATH	9c. COUNT	TY OF DEATH
DIRECTOR	MARYLAND BAY	Timole	CO. P.	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 PNO
FUNERAL	2902 EMEI	RALD K	CAD	10	2123	34	10g. CITIZE	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 FYES IF YES, GIVE WAR OR	S 2 NO	If yea, s	CENDENT OF HISPA becity Cuben, Mexic S 2 NO Spec	NIC ORIGIN? (Specifican, Puerto Rican, atc	y Yes or No — 1	A. RACE — Amorioambrerath, Blank, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of word life. Do NOT use n	UAL OCCUPATI k done during m etired.)	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY
ш	17. FATNER'S NAME (First, Middle, Last)	HOMAS	MITCH	KIL	18. MOTNER'S N	AME (First, Middle, Ma	iden Sumame)	GINA TOPPOA
TO B	190. INFORMANT'S NAME (Type/Print)	ECOLDS	19b. MAILING AC	ODRESS (Street	AS A	Route Number, City or	Jown, Stete, Zip C	ode)
	20a. METNOD OF DISPOSITION 1 1 Burlel 2 Crematton 3 Remo 4 Donation 5 Other (Specify)	ovat Irom State	bb. PLACE AND DATE OF I	SOF	GAITH	20-7	LOCATION — CH	ty or Town, Stata
1	21. SIGNATURE OF FUNERAL SERVICE LICE	- J- 9	Pair	EVE	ND ADORESS OF F	TORFOL	25 8	HAREL
	23. PART / Enfor the diseases, or condition resulting in death)	s.	eacii iiie.		Puesta	0	espiratory arres	st, Approximate interval Batween Onsat and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE OF):					
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
EDICAL	PART II. Other significant conditions	contributing to death	but not reaulting in t	ha underlyin	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO
PHYSICIAN:	EXAMINER?  1 YES 2 AND	HOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)		
B	27. MANNER OF DEATN  1 Natural 5 Pending  2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b, TIME O	M 1 🗆	RK7 TES 2 NO	28d. DESCRIBE HO		
ETED	3 Suicide 6 Could not be detarmined	building, etc. (Spe				City or Town, St	ato)	Rural Route Number,
COMP	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know: On the basis of examination	wiedge, death occurred a on and/or investigation, is	t the time, date n my opinion, d	and place, end due	to the cause(a) and time, data and pieca	menner ea alated. , and dua to the c	ause(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Let Try	Tung		29c. LICENSE NUI			PT. 30, 1991
	30. NAME AND ADDRESS OF PERSON WHO  31. DATE THE TWO THOUGH Day. Mad 91	TERRY	9055	CHEV	IROLE	TOR	EU	10077 C174.
	DCI T 1991	dista Devidson	-Mandelle					



DIRECTOR And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should reserve the dean with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND N E OF DEATH	MENTAL HYGIENE REG. NO.	20390
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	John Anton Taumar	ın		MDNTH DAY 9 28	YEAR 911 3:00 79
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
- 6	275-42-8500 1 D(M 2 [	F 89 YRS. MONTHS	DAYS HOURS MIN.	10-6-01	Md.
_	9e. FACILITY NAME (If not institution, give street and numb	er) 9b. CIT	TY, TOWN OR LOCATION OF DE	ATH 9c. COU	NTY OF DEATH
DIRECTOR	Meridian Nursing Ho	me-Catonsville	Catonsvi	ille I	Baltimore
2	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
S I	Md. Baltimo	re Caton	sville		1 TYES 2 TO NO
A	10e. STREET AND NUMBER	Te Toaton	101. ZIP CODE	10g. CIT	IZEN OF WHAT COUNTRY?
ER/	2 Fusting Ave Ba	altimore. Md.	21228	II.	S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DE			IC ORIGIN? (Specify Yea or No-	14. RACE American Indien, Black, White, etc.
BY F		GIVE WAR OR DATES	1 YES 2 NO Specify		Specify:
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL	OGGUDATION	16b. KIND OF BUSINESS/IN	White
TE	(Specify only highest grade completed)	(Give kind of work don	e during most of working	166. KIND OF BUSINESS/IN	DOSTRY
P	Elementary/Secondary (0-12) Coffege (1-	4 or 5 +)	alto.Co.Po]	linoman	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	ille office D		ME (First, Middle, Malden Surname)	
	Phillip A. Lauma	nn	Minni	e E. Dontel	1
) BE	19. INFORMANT'S NAME (Type/Print)			Poute Number, City or Town, State, Zi	
5	John F. Laumann	203 In	gleside Ave	eBaltoMd	. 21228
	20s. METHOD OF DISPOSITION  1 Sturiel 2 Cremation 3 Removal from St	20h PLACE AND DATE OF DIS	SPOSITION (Name		City or Town, State
	4 Donation 5 Other (Specify)	- St. John's	Cemetery 10	)+2-91 Ellic	ott City Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	2. NAME AND ADDRESS OF FAC	imore Nation	ol Diko
	G. Truman Sch	lwah		Md. 21229	lat like
	23. PART I. Enter the diseases, pr complication shock, pr heart feliure. List only be				rrest, Approximate interval Between
	IMMEDIATE CAUSE (Finel		1		Onset and Death
	disease or condition resulting in death)	Cerebrono	yoular al	eichnt.	3daz
		DUE TO (OR AS A CONSEQUENCE OF):	11- 1-1	1.1001	11 -1.
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF	109: 30 (190 /4	La gold 10000	C. La
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	ICE TO (OH AS A CONSCIOUENCE OF)			į
FIC	CAUSE (Disease or injury C.	DUE TO (OR AS A CONSEQUENCE OF):			
H	resulting in deeth) LAST				
	DARK W. O.L. T. DW. A Mar				
AL	PART II. Other aignificent conditions contribut	ing to death but not resulting in the	underlying cause given in	PERFORMED?	AMAILABLE PRIOR TO
DICAL	PART II. Other aignificent conditions contribut	ing to death but not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1/1/10	
MEDICAL	PART II. Other aignificent conditions contribut	ing to death but not resulting in the	underlying cause given in	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL		ing to death but not resulting in the		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	AL: ОТН	28, PLACE OF DEATH (Ch	PERFORMED?  1 YES 2 MAG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1   Inpette	AL: int 2 = ER/Outpatient 3 = DOA 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	28_PLACE OF DEATH (Ch ER: fursing Home 5	PERFORMED?  1 YES 2 MAG  eck only one)  8 Other (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Inpette  27. MANNER OF DEATH 28a. D  (A	AL: ОТН	28_PLACE OF DEATH (Ch.	PERFORMED?  1 YES 2 MAG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inpette  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  2 Suicide 28e. P	AL: Int 2 ER/Outpetient 3 DOA 4 AND ATE OF INJURY MONTH, Day, Year)  LACE OF INJURY — At home, farm, street, fi	28, PLACE OF DEATH (Cherrical Home 5 - Residence 28c. HNJURY AT WORK?  1   YES 2   NO	PERFORMED?  1 YES 2 MO  ack only one)  8 Other (Specify)  28d, DESCRIBE HOW INJURY OF	AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inpette  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  2 Suicide 28e. P	AL: ont 2 ER/Outpetient 3 DOA 4 NATE OF INJURY ACOUNTY, Day, Year)  AL:  OTH  A DOA  A DOA  MENURY M	28, PLACE OF DEATH (Cherrical Home 5 - Residence 28c. HNJURY AT WORK?  1   YES 2   NO	PERFORMED?  1 YES 2 100  eck only one)  6 Other (Specify)  2ed. DESCRIBE HOW INJURY Of	AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	AL:  AL:  AL:  AL:  AL:  AL:  AL:  AL:	28_PLACE OF DEATH (Ch. EPT: fursing Home 5	PERFORMED?  1 YES 2 100  eck only one)  5 Other (Specify)  28d. DESCRIBE HOW INJURY Of City or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number.
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   Inpatis  27. MANNER OF DEATH  1 Natural 5   Pending 2 Accident Investigation 3   Suicide 8   Could not be determined  29e. CERTIFIER (Check only 1   CERTIFYING PHYSICIAN: To the	AL: Int 2 ER/Outpetient 3 DOA 4 AND ATE OF INJURY MONTH, Day, Year)  LACE OF INJURY — At home, farm, street, fi	28_PLACE OF DEATH (Ch. EPT: fursing Home 5	PERFORMED?  1 YES 2 NO  Control (Specify)  26d. DESCRIBE HOW INJURY Of the Course (s) and manner as state to the cause(s) and manner as state (s).	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   Inpatis  27. MANNER OF DEATH  1 Natural 5   Pending 2 Accident Investigation 3   Suicide 8   Could not be determined  29e. CERTIFIER (Check only 1   CERTIFYING PHYSICIAN: To the	AL:  Int 2 ER/Outpatient 3 DOA  ATE OF INJURY  MORTH, Day, Year)  LACE OF INJURY — At home, farm, street, fullding, etc. (Specify)  best of my knowledge, death occurred at the	28_PLACE OF DEATH (Ch. EPT: fursing Home 5	PERFORMED?  1 YES 2 NO  1 YES 2 NO  2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	AL:  Int 2 ER/Outpatient 3 DOA  ATE OF INJURY  MORTH, Day, Year)  LACE OF INJURY — At home, farm, street, fullding, etc. (Specify)  best of my knowledge, death occurred at the	28. PLACE OF DEATH (Ch.  EPT: tursing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO actory, office  te time, date end place, and due ty opinion, death occured at the	PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY Of City or Town, State)  to the cause(s) end manner as st time, data and place, end due to WBER  29d. Day	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,  sted. the ceuse(e) end manner se stated.  TE SIGNED (Morith, Day, Year)
E COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	AL:  ont 2 = ER/Outpettent 3 = DOA 4 AN  ATE OF INJURY  MONTH, Day, Year)  PLACE OF INJURY — At home, farm, street, fullding, etc. (Specify)  best of my knowledge, deeth occurred at the sale of examination end/or investigation, in m	28. PLACE OF DEATH (Ch.  EPT: tursing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO actory, office  te time, date end place, and due ty opinion, death occured at the	PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY Of City or Town, State)  to the cause(s) end manner as st time, data and place, end due to WBER  29d. Day	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,  sted. the ceuse(e) end manner se stated.  TE SIGNED (Morith, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident  3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the be	AL:  ont 2 = ER/Outpettent 3 = DOA 4 AN  ATE OF INJURY  MONTH, Day, Year)  PLACE OF INJURY — At home, farm, street, fullding, etc. (Specify)  best of my knowledge, deeth occurred at the sale of examination end/or investigation, in m	28. PLACE OF DEATH (Ch.  EPT: tursing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO actory, office  te time, date end place, and due ty opinion, death occured at the	PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY Of City or Town, State)  to the cause(s) end manner as st time, data and place, end due to WBER  29d. Day	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,  sted. the ceuse(e) end manner se stated.  TE SIGNED (Morith, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpette  27. MANNER OF DEATH  28e. D  (h  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the be  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETION  31. DATE FILED (Month, Day, Year)  32. RE	AL:  ont 2 = ER/Outpettent 3 = DOA 4 AN  ATE OF INJURY  MONTH, Day, Year)  PLACE OF INJURY — At home, farm, street, fullding, etc. (Specify)  best of my knowledge, deeth occurred at the sale of examination end/or investigation, in m	28. PLACE OF DEATH (Ch.  EPT: tursing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO actory, office  te time, date end place, and due ty opinion, death occured at the	PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY Of City or Town, State)  to the cause(s) end manner as st time, data and place, end due to WBER  29d. Day	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  For ar Rural Route Number,  sted.  the ceuse(e) end manner se stated.



BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician	the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should owal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	FOR STATE REGISTRAR		F MARYLAND	/ DEPAR	RTMEN	T OF H	IEALTH DEA	AND I	MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Mic Doris	odde, Last) O. Leppe	ert						2. DATE OF DEAT MONTH 9-28-0	DAY	YEAR	3. TIME OF DEATH 7:50 A.	
	4. SOCIAL SECURITY NUMBER 216-46-5827	5. SEX 1  M 2 X	1 / 2	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	1 nr)	Count	NPLACE (State or Foreign	_
TOR	98. FACILITY NAME (If not institute that the second	valescent (			9b. CIT	Bela	RLOCATI	ON OF DE	ATH	9c. CO	UNTY OF C	DEATH	_
DIRECTOR	MD . It	L COUNTY		10c. CIT	y, town		TION					10d. INSIDE CITY LIMITS? 1 © YES 2 MO	_
FUNERAL	100. STREET AND NUMBER 210 E. McPh					101	ZIP COD	E 21014			S.A.	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced  12. WAS OCCEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:					If yes, sp	ENDENT ( ecify Cubi	ın, Maxicai	IIC ORIGIN? (Specif n, Puerto Rican, atc	y Yaa or No— .)	14. RACI Blac Spec	E — American Indian, k, White, etc. //y: White	
COMPLETED	(Specify only high Elementary/Secondary (0-12)  12th GRade			DECEDENT'S (Give kind of the Do NOT us Home	work done se retired.)	during mo	ON st of working	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY		
BE CO	17. FATNER'S NAME (First, Middle  Lee Joine						18. MOT		ME (First, Middle, Ma anche	,	ith		
TO E	19a. INFORMANT'S NAME (Type/I Doris Joan Gr			R.D.#					B I.B. C1			1/302 irville Pa.	-
	20a. METNOD OF DISPOSITION  1 Purial 2 Cremation  4 Donation 5 Other (Spe	ecify)	cemetery, c	EAND DATE ( cremetory or o	ther placel				10/1	Balt:			
	4	un h. h	wysky		Jo	hn (		ller	. Inc.	Balto	. Md.	r Road -21206	
	23. PART I. Enter the disea ahock, or haart IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. A	that caused the cause on each lie cause on each lie cause on each lie caused to cause of the caused to caused the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to cause of the caused to caused to cause of the caused to cause of the caused to caused to caused to cause of the caused to caused	Dear	th -				o sa cardiac or re		rrest,	Approximata interval Betwee Onset and Deat	
FICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	TO (OR AS A CONS										

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 1 NO

1 YES 2		HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4XN	ER: ursing Nome 5 - Residence	e 8 Other (Specify)		
MANNER OF ĎE  1 Natural  2 Accident	ATH 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED		
3 Sulcide	8 Could not be	28e. PLACE OF INJURY — AI I	nome, term, street, fa	ctory, offica	261. LOCATION (Street and Number or Rural Route Number,	-	

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a).

	observed at the time, data and place, ar	id dua to the cause(a) and manner
N. CIONATURE AND TITLE OF OCCUPIED		
6. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d, DATE SIGNED (Month, Day

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Dey, War)

P 34652

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

165 We | 620 B64 | ton St B1 | Air MD 210/4

32. REGISTRAR'S SIGNATURE

All Davidson—Randelle.

OCT 0 1 1991



4-7-4---

BALLIMORE, MARYLAND	Avrs after death. Page 6 may be retained by the ho	filled in by the funeral director, page 5 should be detact	n, or remova. e medical examiner must be notified at once.
DVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE MOSTICAL CHARTONING PHYSICIAN: The law requires that the death certificate be executed within Asias after death. Page 6 may be retained by the hos	TO THE PLANTIA CONTINUES OF THE CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be applied to promote the continues of the c	the most seen with the State bept, or regain and weitla righer prior to bories, cremand, or remova.  IMPORTANT: If the marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)	Mary Fran		ister	DEATH	2. DATE	OF DEATH		3-91 YEAR	3. TIME OF DEATH 4
MARY	LEISTE				MONT		X C	YEAR	400 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	-	8. BIRTHE	PLACE (State or Foreign
214-30-5074	1 - M 2 - F - E	8 YRS.	MONTHS DAYS	HOURS MIN.	07-	-25-1	933	Country	yland
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		)		NTY OF DE	
Francis Scott	Key Medic	al Cen.	Ba	ltimore					
10e. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LOCA	TION					10d. INSIDE CITY
Maryland B	altimore		Ca	tonsvil	1e				LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBER				ZIP CODE			10g. CIT		HAT COUNTRY?
6209 Chesworth	Road			21228				USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	N? (Specify Yes	_	14. RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Speci		Rican, etc.)		Black, Specify	White
15. DECEDENT'S EDU			USUAL OCCUPATION		- 165	. KIND OF BU	SINESS/INC	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8 +)	life. Do NOT u	work done during mo se retired.)	st of working					
	2 years	Reg	gistere	d Nurse		Sprin	g Gr	ove	Hospita]
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
Joseph Riorda	n			Marv	Vi	gini	a Pe	ople	s
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street						
Russell D. Le	ister	6209	Chesw	orth Rd	(	Caton	svil	16.	MD 21228
20. METHOD OF DISPOSITION	201	. PLACE OF DISPO	SITION (Name of ce				CATION —		
1 K Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place) Meadown	idge M	em. Par	k O	/2 F1	knid	0.00	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE MAN	TOUGO III	22. NAME A	ND ADDRESS OF F	ACILITY			ge.	21228
Solo X -	. , ,			abb Fun					
George E.  23. PART I. Enter the diseases, or									rille. MI
Sequentially liet conditions, if any, leeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE O							
reading in deeth) Exs	d								
PART II. Other significant condition	na contributing to death b	out not resulting	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA:			LACE OF DEATH (C	heck only o	ne)			
1 YES 2 NO	HOSPITAL: 1   Input   2   ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, Till		JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	NIA			YES 2 A NO		NI	4		
3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spe	f — At home, farm,	atreet, factory, offic	:0	281. LOC	CATION (Street	end Numbe	r or Rural A	oute Number,
4 Homicide determined	W/A	V., 7)			City	or Town, State	IA		
anal	SICIAN: To the best of my know					use(a) and ma	nner as sta		and manner as stated.
29b, SIGNATURE AND TITLE OF CENTIFIC	-	LOTT LE SE VINIS							
The or continue	1			29c. LICENSE NU	35	75	29d. DA	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLES OF A	ATU (ITEM AT C	a Delasti	1		/3			
Lawrence Che	eskin MD		e, Print)	Eastern	Arc	Buly	Sm.	D 21	4251
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ATURE DE							,

Home

Baltimore, Maryland

16. MOTHER'S NAME (First, Middle, Maiden Surname)

DR ATTENDING PHYSICIAN: The law

DIVISION OF

S		otilij
ge 5		9
pa .		2
<b>Sirector</b>		r mus
E		in a
fune		ХЗП
the	Oval	100
4	rem	9
De De	6	Ē
1	ion.	the
etely	ema	Ħ,
DE .	. CI	2
8	urial	Ile
an a	9	E
icial	Nor	2
phys	d a	10
Buil	gie	ㅎ
tend	画	9
e at	Nent	E S
1	-	百
3	2	-
ed by	th and	amy
signed by	Health and	ws any
een signed by	of Health and	shows any
has been signed by	Dept. of Health and	23 shows any
icate has been signed by	State Dept. of Health and	Item 23 shows any
ertificate has been signed by	the State Dept. of Health and	or Item 23 shows any
this certificate has been signed by	with the State Dept. of Health and	rked, or Item 23 shows any
After this certificate has been signed by	death with the State Dept. of Health and	marked, or Item 23 shows any
OR: After this certificate has been signed by	fter death with the State Dept. of Health and	8 is marked, or item 23 shows any
RECTOR: After this certificate has been signed by	rs after death with the State Dept. of Health and	n 28 is marked, or item 23 shows any
DIRECTOR: After this certificate has been signed by	hours after death with the State Dept. of Health and	item 28 is marked, or item 23 shows any
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notfil

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

2

31. DATE FILE

.. . . . .

TO THE FUNERAL C be filed within 72 h IMPORTANT: If H HOSPITAL

出土

7 B

2

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Lest)

James F.

6 Years

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YFAR Ethel P. Manning 9 24 991 1:30 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 219-03-7927 83 YRS 1/26/08 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Extended Care Unit Baltimore RESIDENCE OF DECEDENT 10d, INSIDE CITY LIMITS? 10b COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE Baltimore 1 \_ YES 2 NO Baltimore MD FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 10f. ZIP CODE 21212 7030 Heathfield Road USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 TES 2 NO Specify: BY White 3 ♥ Widowed 4 □ Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY

Mary Selena Higdon William C. Reckor 19a. INFORMANT'S NAME (Francist) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7030 Heathfield Rd. Baltimore, Md. 21212 Jean G. Cowell. 20a. METHOD OF DISPOSITION
1 (X Burlet 2 D Cremation 3 D Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Glen Haven Memorial Park Glen Burnie, Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FEHERAL SERVICE-LICENSES 22. NAME AND ADDRESS OF FACILITY
MITCHELL-Wiedefeld Home, Inc.

Homemaker

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List pnly one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition 2 DAYS . ISCHONIC BONGE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ASWD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING FIBRILLATION TRIAZ

6500 York Rd.

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events VASC. ENIPH.

wids.

College (1-4 or 5+)

Burnstae

resulting in death) LAST DISTMSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? METAPLASIA MYELDID 1 TYES 2 NO MELLINS DIMBETES 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA g Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 26c. INJURY AT WORK? 28b. TIME OF 1 Natural 6 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined

29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

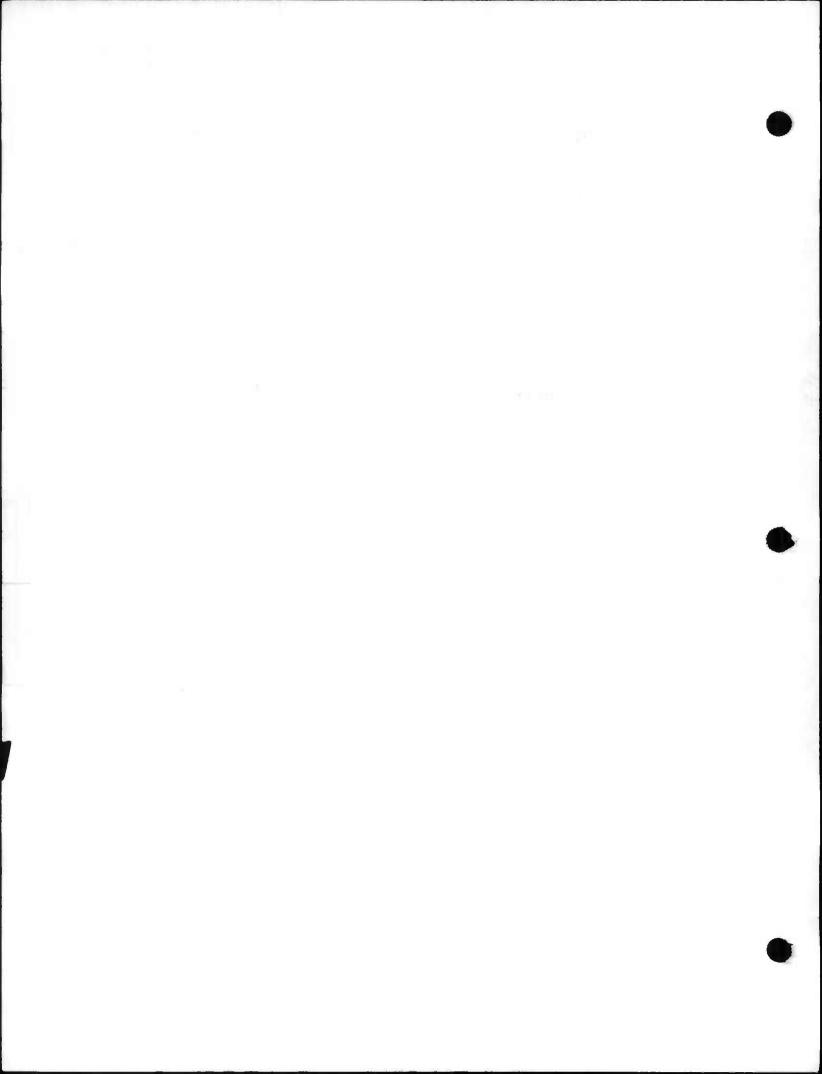
296. SIGNATURE AND TITLE OF CERTIFIER	Li	E AS	D 2 8 8 1 2	29d. DATE SIGNED (Month, Day, Year)  9/25/9/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

...

_		_		
D	(Month, Day,	T'	1991	32. REGISTRAR'S SIGNATURE JULIA DANIGLAN - Mandall

21212



burial-		
the state of		
55		
Se		
ĮQ.		
detached		
2		
pluods		4 4944
d)		۲
Dag		
director.		-
funeral		-
the	oval.	10
Š	Ē	1
=	7	i
filled	on, c	4
completely	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	29 obsesse care lateral on other features of the mentions and the second of the second
pu	pnu	alle
2	2	-
sicia	Drio	į
phy	e l	
9	gier	400
ndi	Ť	1
atte	Ital	,
the :	Mer	ferm
7	pu	-
8	E E	-
Sign	Heath	-
Ben	0	- ha
as De	lept.	23
č	0	

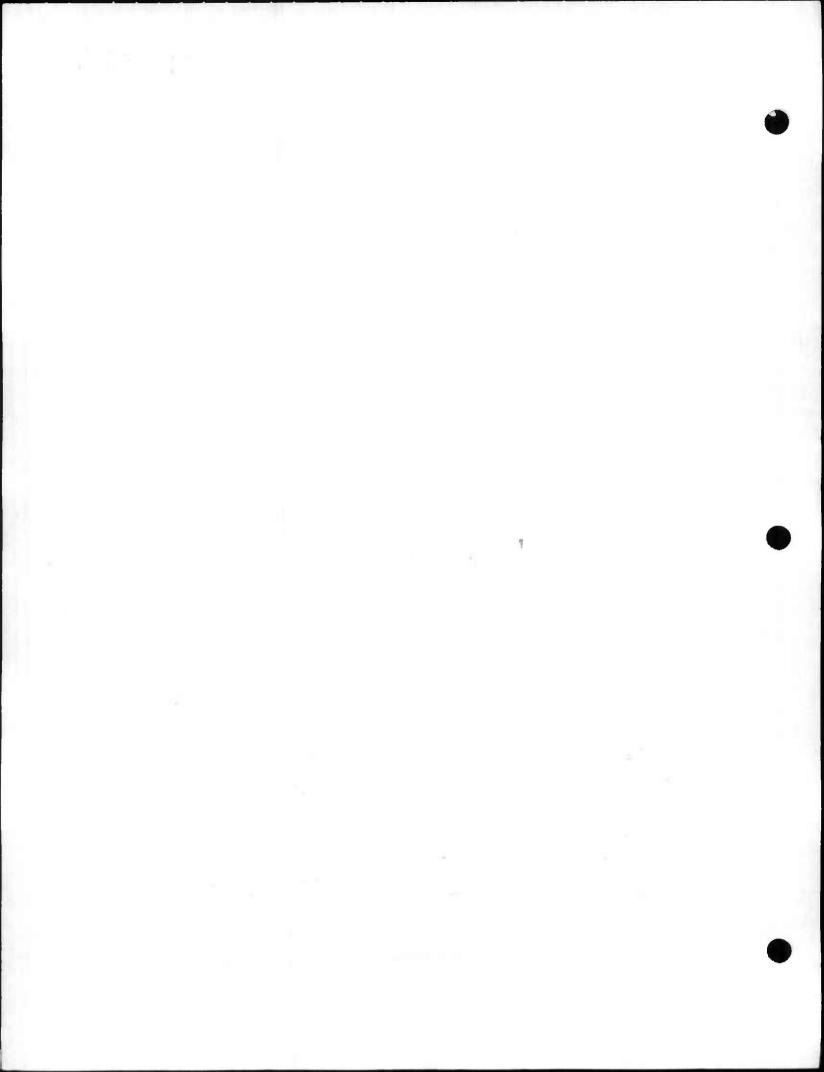
	FOR	STATE OF I	MARYLAND / DE	PARTME	IT NE	HEAITH	AND M	ENTAL HYCIEN		265	94
_	1 - STATE REGISTRAR		CER	TIFICAT	E OF	DEAT	H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	MICHAEL	MARDINE	Υ				Sept. 28	. 1991	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 069-10-4640	5. SEX 1 M 2 F	6. AGE (In yrs. lest birt	thday) IF UND YRS. MONTHS	ER 1 YEAR	IF UNDER	24104	Month, Day, Year)			NCE (State or Foreign
R	9a. FACILITY NAME (If not institution, give 33 N . STREET	street and number)		9b. Cl		OR LOCATION TIMO	N OF DEAT			TY OF DEAT	
5	RESIDENCE OF DECEDENT				-			·			
DIRECTOR	Manyland 106. COUNT	KINGS CO.		Da.		OKLYN:	ity				LIMITS?
FUNERAL		EGRAW STREE	T		10	H. ZIP CODE			10g. CITIZ	EN OF WHA	COUNTRY?
Ä		it.					1223			USA	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	13	It yes, s	CENDENT OF pecify Cuber S 2 NO	, Mexican, I	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	Black, W Specify:	American Indian, hita, etc. Wnite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION Cognisted	16a. DECED	ENT'S USUAL	OCCUPATI	ION		16b. KIND OF BUS	INESS/INDU		WIII CC
9	Elementary/Secondary (0-12)	College (1-4 or 5	•)	ind of work don NOT use retired.			7				
ĕ d E	12 Years		Co	ourt Re	eport	ter		U.S.Dist	rict	Court	
	17. FATNER'S NAME (First, Middle, Last)	8				18, MOTN		(First, Middle, Maiden	Surname)		
BE	James II	Mardiney						Shakal			
2	Phyllis T. McKe	on						te Number, City or Town			
	MA HETHOR OF DISPOSITION										
1) Buriel 2 Cremetion 3 Removal from State Complete Cremetory as other place!								Timonium, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
N N N N N N N N N N N N N N N N N N N	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore., Maryland 21212										
3				Do not ente	5500	YORK	Ka.	Baltimor	e.,Ma	rylan	
	anock, or neart issure. List only one cause on each line.									Approximata Intarvsi Between	
	IMMEDIATE CAUSE (Final disease or condition								Onset and Dasth		
	reaulting in dasth)  DUE TO (OR AS A CONSEQUENCE OF):								Zyrs		
ERTIFICATION	Sequantially list conditions, if any, lasding to immediate										
S	CAUSE (Disease or Injury										
F	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST										
CER	Tooling in south party	d									
	PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL								PERFORI	MEO?	COI	ILABLE PRIOR TO IPLETION OF CAUSE
W W								-	0		DEATN?
z											, 190 2 1 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;				LACE OF DE	ATH (Check	only one)			
YSI	1 D YES 2 NO		ER/Outpatient 3 🗆 D	OTHE	R: Irsing Non	ne 5.0 Rea	idenca 8 [	Other (Specify)			
	27. MANNER OF DEATN  288. DATE OF INJURY  1 Netural 5 Pending  280. DATE OF INJURY  280. TIME OF INJURY  280. INJURY AT WORK?  280. DESCRIBE NOW INJURY OCCURED										
B	2 Accident Investigation	28e. PLACE OF	08/7/	М	1 🗆		NO				
	3 Suicide 8 Could not be 4 Nomicide determined		etc. (Specify)	arm, street, fac	ctory, offic	:•	28	11. LOCATION (Street as City or Town, State)	nd Number or	Rural Route	Number,
E	29a. CERTIFIER							·			
COMPL	(Check only		my knowledge, death o								
8	20h SIGNATURE AND VITE OF CONTROL	1	anniette and/or invest	ogation, in my	opinion, d	-			dua to the	ceuse(a) and	manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1 1		MA		29c. LICEN	SE NUMBE	02	29d. DATE S	SIGNED (Moi	oth, Pay, Year)
0	TO NAME AND APPRIES OF PERSON WING SOME STEEL ST										

32. REGISTRAN'S SIGNATURE
JULIA SAVIdSON-RONDER

1991

418 N. Bond St.

Baltimore, Md



	DIVISION OF VITAL RECORDS, P.O. BO	sertificate	ling physic
	S, P.	death o	e attend
	ORD	s that the	ned by th
	REC	v require	been sig
	ITAL	f: The lav	cate has
	OF V	<b>TYSICIAN</b>	is certifi
	NO	DING P	After th
	IVIS	OR ATTEN	HECTOR
		THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia
B	-	¥	THE

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	DECEDENT'S NAME (First, Middle, Last)		t E. Men			2. DATE OF DEA	тн	YEAR	TIME OF OEATN
	4. SOCIAL SECURITY NUMBER  212-16-3774  9a. FACILITY NAME (# not institution, give str	1 X M 2 🗆 F	74 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, N. 8-1-1	N ser)	BIRTNPLA Country)	CE (State or Foreign
DIRECTOR	St. Agnes Hosp	ital			more (		12.00	N/A	*
AL DIRE	Md. Bal	timore	1012-10	ethory			Table Oction	1	1. INSIDE CITY LIMITS? YES 2 X NO
BY FUNER	1718 Selma Ave	nue-Baltim  12. Was deceoent even in  FORCES? 1 □ YES  IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DEC	21227 ENDENT OF NISPA	ANIC ORIGIN? (Specien, Puerto Rican, et	Ty Yea or No.— 1	S. A.  14. RACE — / Black, Wh Specify:	
LETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of worl life. Do NOT use n	k done durina ma	DN st of working	16b. KIND C	F BUSINESS/INOU		nite
COMPL	17. FATNER'S NAME (First, Middle, Last)	N/A	Warehor	usemar	18. MOTHER'S NA	AME (First, Middle, M			
TO BE	Frederick Men 19a. INFORMANT'S NAME (Type/Print)  Mr. Johnnie W		1		nd Number or Rural	S. Joj	or Town, State, Zip C		
	20a, METHOD OF OISPOSITION 1 \( \sum_{\text{Souriel}} 12 \subseteq \text{Cremetton } 3 \subseteq \text{Ramo} \) 4 \( \subseteq \text{Donation} \) 5 \( \subseteq \text{Other (Specify)} \)	oval from State 20b	D. PLACE AND DATE OF E	DISPOSITION (Na	me of		c. LOCATION — CI	ty or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  C. Truman Schwab  Tiorraine Park Cemetery-9-30-91 Woodlawn, Md.  22. NAME AND ADDRESS OF FACILITY  5151 Baltimore National Pike  Baltimore, Md. 21229								
CERTIFICATION	23. PART I. Entar the diseases, or combook, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled sense.	DUE TO (OR AS A	ech lina.				respiratory arre	it,	Approximata Intervel Between Onset and Death
CAL	PART II. Other significant conditions		out not resulting in t	the underlying	ceuse given in		S AN AUTOPSY RFORMED?		RE AUTOPSY FINDINGS
MEDI	Porenen		7.5			1 _ Y	ES 2 00	OF D	IPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATN (Ch	6 Other (Specify	,		
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJL WOF M 1   Y	JRY AT		OW INJURY OCCU	RED	
TED	3 Suicide 4 Homicide  8 Could not be datermined  8 Could not be datermined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Number,		
COMPLE	2 MEDICAL EXAMINER	IAN: To the best of my knowl	ledge, death occurred a n and/or investigation, is	n my opinion, de	and place, and due ath occured at the	to the cause(a) and time, data and place	I manner as stated.	: :ause(s) and	manner as stated.
TO BE	296. SIGNATURE TWO TITLE OF CERTIFIED	counte			29c. LICENSE NUI	WBER Y 8 JT/	29d, OATE S	LA 7	th, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO EDMUND PT	ICACTUIK	413 Cm	m)	calth.	AN B	et mo	212	28
	31. DATE FILEO (Month, Day, Year)  OCT 0 1 1991 9	32. REGISTRAR'S SIGNA	ature indell						

to the talk of the 

	e ho	etac		000
i	y th	be d		ato
	pa	밁		00
	stain	Sho		Mile
	96	5		n i
	nay	. Dad		t b
)	9	octo		N.
	Page	din		10
	th.	nera		in the
	dea	e fu	ri.	3.6
	afte	W th	HOVE	62
	SULS	.5	F Fe	peu
ļ	24 hc	filled	on, o	le n
	nin 2	tely	matic	1
	W	nple	Cre	Ven
	uted	00	ırial,	9 3
	exec	and	10 P	mat
	9	ician	ior	Tau
	icate	phys	9	er t
	entif	ing	gie	등
	th	tend	H	9
٠	de	e at	Nent	UN.
	the	y th	DO N	E
	that	pe	th a	any
	ires	Sign	Heal	SX.
	requ	een	8	Sho
	ME	as b	Dept	23
	T	ate	tate	tem
	CIAN	ertifi	the	10
	HYS	his c	Hit	ced.
	4G P	ter t	ath \	mari
	NON	A. At	f de	69
	TE	6	afte	28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	TAL	AL	72 h	=
	SPI	NER.	hin	H
	유	FU	Wit	TTA
	H	H	filed	100
	2	2	2	Ξ

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT OF P CERTIFICATE OF	HEALTH AND MENTAL DEATH	HYGIENE 9	26596		
	1. DECEDENT'S NAME (First, Middle, Last (MQmn	Marie Mas	sie	2. DATE OF MONTH	DAY - 30 - 9	ar 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 231-30-8746	5. SEX 8. AGE (In y	rs. lest birthday) IF UNDER t YEAR WONTHS DAYS			BIRTHPLACE (State or Foreign Country)		
OR	Balto Co Ge	neval Hosp	tal Rang	Palls town	9c. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	тү	10c. CITY, TOWN OR LOCAT	TION		10d. INSIDE CITY LIMITS?		
	10s. STREET AND NUMBER		Balto	1. ZIP CODE	10g. CITIZEN	1 X YES 2 NO		
FUNERAL		mere Load		21207	U	.5.4		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE	If yes, sp	CENDENT OF HISPANIC ORIGIN? ecity Cuban, Maxican, Puarto Ric 2 NO Specify:	(Specify Yea or No — 14. an, etc.)	RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION 18 completed) College (1-4 or 5+)	e. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mo- life. Do NOT use retired.)	ON 16b. K	IND OF BUSINESS/INDUST	ТРУ		
COM	17. FATHER'S NAME (First, Middle, Last)	111		18. NOTHER'S NAME (First, Mid	Idle, Meiden Surname)			
BE	199. INFORMANT'S NAME (Type/Print)	Kinson		Hnnie &	s. Myers			
2	Lunett Mas	ssie	3570 Hills	Mere Rd	City or Town, State, Zip Coo	0 21207		
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Res		ACE AND DATE OF DISPOSITION (Ne	ame of DATE	20c. LOCATION — City			
	4/ Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		-vergreen	COM 10-4-9 ND ADDRESS OF FACILITY	1 Nexing	ton, Va		
	· Karen	margnet	Koner Ma	uch F.H.	West	bach An		
	23. PART I. Enter the diseases, or	complications that caused the	e deeth Do not enter the mo	de of dying, such as cardie	c or reepiretory errest	, Approximata		
	immediate cause (Final disease or condition	. List only one cause on each	line.			Intarval Between Onset and Death		
	resulting in death)  a. Due TO (GR AS A CONSEQUENCE OF):							
Z	Seguentially, the conditions	a Urinen	Fract In	bection				
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
IFIC	CAUSE (Disease or Injury thet initieted events	DUE TO (OR AS A CO	NSEOUENCE OF):					
CERTIFICATION	resulting in death) LAST							
AL	PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTO							
PHYSICIAN: MEDIC	Cardiac To	a line		1	YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	multiple 7	De cu ho fr				1 - YES 2 NNO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ACE OF DEATH (Check only one)				
HYSI	1 TYES 2 NO  27. MANNER OF DEATH	1 Dinpatient 2 ER/Outpatie		e 5 Rasidenca 8 Other (S				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	UNY AI 28d. DESCR	RIBE HOW INJURY OCCURI	ED		
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, tectory, office		ON (Street and Number or F Town, State)	Tural Route Number,		
COMPLETED		SICIAN: To the best of my knowledg				use(s) and manner se stated		
	296. SIGNATURE AND TITLE OF CERTIFIE		2/ :	29c. LICENSE NUMBER		GNED (Month, Day, Year)		
TO BE	Sinki Vag	mo Hon	se flysu	D36456	19	130/91		
	30. NAME AND ADDRESS OF PERSON W	ng mD Ba	(ITEM 27) (Typo, Print)	General Ar	No Pot Ri	andallstown		
	31. DATE FILED (Month, Day, Year)	1 1991 Julia	Vavidson-Randese		1 (/	60 D CA 153		

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest)  Auid MillER  2. DATE OF DEATH MONTH DAY 9/1 1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 MRS.  7. DATE OF BIRTH (Morth, Day, 19ar)  8. BIRTHPLACE (State or Foreign New York City)  YRS.  WONTHS DAYS HOURS MIN.
TOR	98. FACILITY NAME (If not institution, give street and number) 6200 SPRINGHILL Drive Greenhelt Prince Heaves RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE  MD Prixa George 10c. CITY, TOWN OR LOCATION  Overshelt  10d. INSIDE CITY LIMITS?  Let yes 2 - NO
FUNERAL	6200 Springh: 11 Drive ap 334 20770 10g. CITIZEN OF WHAT COUNTRY? U. S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 4. Fe
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  S Years  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  BLO—Chemist  U. S. GOVERNMENT
	17. FATHER'S NAME (First, Middle, Lest)  Morris Miller  Minnie Stern
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  # 1 Breton Drive, Pine Brook, New Jersey 07058
	20a, METHOD OF DISPOSITION  V. Apurlel 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Comments) or piner place)  Augustian 5 Other (Specify)  Falls Church, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C.
CERTIFICATION	23. PART I. Enter tha diseases, or complications that caused the doubt. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:
YSI	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  M 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO
	3 Suicide  8 Could not be building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
86	Similar World Comments and Dennish Den
5	Sunlander & Examina 201852 19-24-91  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  PAIA. DE VORE, MD 4203 QUEENS bury Rd Hygtkville MD20381
	31. DATE FILED (Mogth, Day, Year) 32. REGISTRAR'S SIGNATURE

-44

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	, MANDELLA				2. DATE OF DEATH MONTH SEPTEMBER		3. TIME OF D	eatn 4 p
	4. SOCIAL SECURITY NUMBER 218-28-2621	1 🕸 M 2 🗆 F 5	(In yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) 3-11-3	T	BIRTHPLACE (State of Country) Maryland	or Foreign
TOR	96. FACILITY NAME (If not institution, give THE JOHNS HOPKI) RESIDENCE OF DECEMENT				ORE CITY	ATN		Y OF DEATH IMORE CIT	Y
DIRECTOR	10a. STATE 10b. COUN	Baltimore	10c. CI1	y, town or lo	cation ndallstow	n		10d, INSIDE (	
FUNERAL	100. STREET AND NUMBER 9208 Turnbull				10f. ZIP CODE 2113		10g. CITIZE	1 TYES 2 EN OF WHAT COUNTR U.S.A.	-
BY FUN	11. MARITAL STATUS  1 Never Married 2 XXMarried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 25 YES IF YES, GIVE WAR OR D. KOTEA	2 NO	If yea,	BECENDENT OF HISPAN specify Cuban, Maxica (ES 2 NO Specify		or No 1	4. RACE — American Black, White, atc. Specify: White	ndian,
APLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 10th Grade	UCATION		USUAL OCCUPI work done during se retired.)	most of working	166. KIND OF BU			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Salvatore	Mandello	)		12	ME (First, Middle, Malden Eva Re	Surname) gula		
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Delphine Man	ndella				noute Number, City or Tow andallstow		21133	
	20a. METNOD OF DISPOSITION 1   ↑ Burlel 2 □ Cremation 3 □ Ra 4 □ Donation 5 □ Other (Specify)	moval from Stata 20b	PLACE AND OATE	of disposition ther place) Mem. F	Name of ark	1		ly or Town, Stata	lar
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE O	nKi	Lori		Funeral Di Road Rand			113
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS A PANGE	CONSEQUENCE O	tructi				Z Ma	nth ath
MEDICAL	PART II. Other significant condition	ons contributing to desth b	ut not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF GEATH?  1  YES 2	OF CAU
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ntlent 3 🗆 DOA	OTHER:	PLACE OF DEATN (Che				_
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Dey, Year)		M 1	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCU	REO	
ETED	3 Suicide 6 Could not be 4 Nomicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, (	street, factory, of	fice	261. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPL		BICIAN: To the best of my knowl IER: On the bests of examination							a state
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	29b. SIGNATURE AND TITLE OF CERTIF	STA	FF PH	YSI CIAA	29c, LICENSE NUM			GIGNED (Month, Day, Ye	
	THOMAS M. W	HEICKY	600		fest.	BALL	MD	21205	
ł	31. DATE FILED (Month, Day, Year)	PEGISTRAR'S SIGNA	Randelle						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

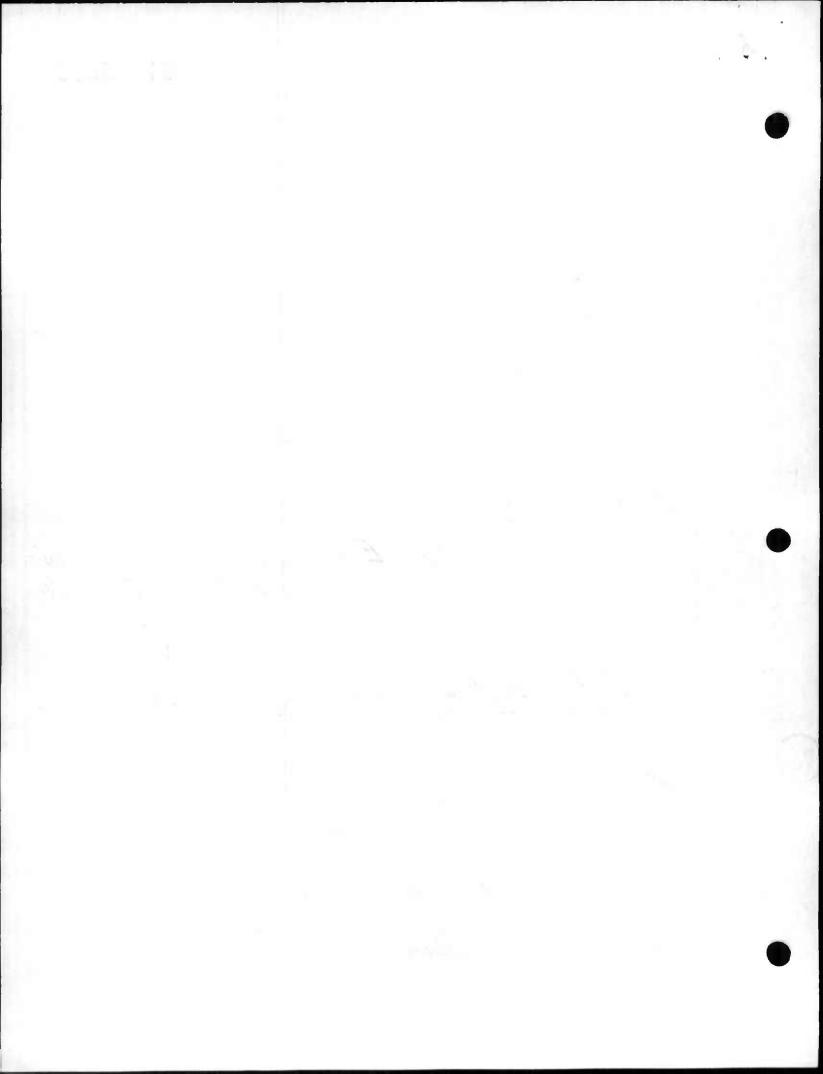
BALTIMORE, MARYLAND 212+50020 3

A

15 56 ans

ALC: 18

	1 . STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAI ERTIF	TMENT	OF H	DEAT	AND MI	ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATN
	Albert F. M	ligan, Sr.							9 26		91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIRTH		_	IPLACE (State or Foreign
	213-34-7112	1 🙀 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9 26	02	Counti	yland
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATION	OF DEAT		9c. COUN		
OR	2509 Meredith Ro	ad				W	hite	Hall				more
5	RESIDENCE OF DECEDENT											
2	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN (							10d. INSIDE CITY LIMITS?
	Maryland B	altimore			W		Hall	-				1 TYES 2 NO
RA						10f.	ZIP CODE			10g. CITIZ		WHAT COUNTRY?
FUNERAL DIRECTOR	2509 Meredit							161			U.S	.A.
F	1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	RMED NO	13.	WAS DECI	ENDENT OF	HISPANIC Mexican.	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE	- American Indian, c, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES			1 YES	2 🖾 NO	Specify:			Speci	fy:
	15. DECEDENT'S EDUC	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	M		16b. KIND OF BUS			hite
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(G	ive kind of a	work done ( se retired.)	during mos	t of working		166. KIND OF BUS	HRESS/INDI	USTRY	
P	12 Years	conege (1-4 or 5 +)		Owner	•				Mis	gans	Cafe	
0	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME	(First, Middle, Maiden			
	John M	ligan							Gertrude (		walt	
) BE	190, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street or			ite Number, City or Town			
5	Mrs. Rita B. Mi	gan		2509	Mere	dith	Road	l Wh	ite Hall	MD	211	61
	20s. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	ITION (Nar	ne of		DATE 20c, LO	CATION — C	Olty or To	wn. State
	1 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo	yval from State	Lake	view	Mem.	Par	k					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11			_	D ADDRESS	OF FACIL	my ineral Di			
	> Slapping )	nda	nsi									
	23. PART I. Enter the diseases, or c	omplications that	caused the de	eth Dor	ot enter	20 L	TDEL C	y Ku	ad Randa	illst	OWII,	
	SHOCK, OF HEART TEHLOTE, I	List only one caus	e on each line	).	iot enter	the mot	a or cyling	y, such a	is cardiec or respi	ratory arre	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		Ata	4,	A	1.11	-4					Oneat and Death
- 1	resulting in death)	OUE TO (	OR AS A CONSEC	DUENCE OF	F):	ree	MA	us	1	-		34043
2			Poles	A. 1	200	his	11/1-	ul	e acu	Bu	1	3/100
5	Sequentielly list conditiona, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE OF	F):			p = C= =	o, vecsec	2000	1	suay.
CA	cause, Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	resulting in death) LAST	l										
	PART II. Other significant conditions	s contributing to d	leath but not n	esulting i	n the ud	Herlylna	Cause giv	en in Pe	rt I. 24s. WAS AN	Manager	1 000	
CAL	Ventu	ila.	tach.	11	, 11		cause giv	en in ra	PERFORE		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	Mean.	all-F	, the	M	A Y	V	7100	2.	1   YES 2	NO		OF DEATH?
2	Coord mac	- con	-WW	1	Line	12	1/16	De	e			1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26 Pt /	CE OF DEA	TN (Chack				
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant 2	□ 004	OTHER	l:						
H	27. MANNER OF CEATH	28e. DATE OF II	NJURY	26b. TIM		28c. INJU	-		Other (Specify)  Id. DESCRIBE HOW IN	IIIBY OCCI	UREO	
ВУР	1 Natural 5 Pending	(Month, Day	(, Ybar)	INJ	URY	WOR	IK? ES 2   N	1			OHLO	
	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF	INJURY — At he	me, term, s	treet, fecto	ory, office		26	of LOCATION (Street as	nd Number o	or Rural A	Oute Number
国	4 Homicide determined	building, et	tc. (Specify)						City or Town, Stete)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the bast of n	w knowledge, de	eth occurre	d at the th	no dete e	and plane as	el don to i	the ceuse(s) end mens			
M	one) 2 MEDICAL EXAMINER	t: On the basis of exa	mination end/or i	nvestigatio	n, in my or	oinion, de	ath occured	at the tim	e, date and place, and	ter es state	d.	
	29b. SIGNATURE AND TITLE OF DERIGHER	11	-	- pri pieces								
BE	Machol	Corla	en N	20			29c. LICENS	191	R	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) /Fm	Prints		1	///	7 7		9/	-1/7/
	MARK S. K.	MPUNN	M.O.	- 21) (1)po.	1691	8.4	ORK	R	D. Man	FF3.	NI	nd 21111
	31. DATE FILED (MOND). Day. Year) OCT 0 1 1991	12 REGISTRAR	'S SIGNATURE	e02.			-			~	-	



RDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	enflicate has been signed by the principle physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	n the State Cept. Or health and mental mygene pind to bottat, chemation, or removal.  Or item 23 shows any injury, or other traumatic event, the medical examinar must be positified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIFFERIOR AND THE CONTINUE AND DECEMBRISHED BY THE attending phy	IMPORTANT: If item 24 included or item 23 shows any injury, or other

	FOR STATE REGISTRAR		STATE OF I	MARYLAND C				EALTH A			YGIEN EG. NO.	91	26	600
	1. DECEDENT'S NAME (First								_	2. DATE OF E		12	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	MVT.F			2.572			89	2	5	71	00.30A
	224-44-288	3	1 4 M 2 🗆 F	54	YRS.		DAYS		MIN.	7. DATE OF B (Month, p) 10/6/			BIRTHP     Country)	VA.
<u>c</u>			mreet and number)			9b. CITY, 1	TOWN O	R LOCATION	OF DEAT	ГН		9c. COUN	ITY OF DE	ATH
DIRECTOR	RESIDENCE OF DEC		HOSPITA			BALT	IMO	RE CI	ГУ				_	
끮	Md.	10b. COUNT	Υ		10c. CIT	Y, TOWN OR								10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					Balt								THE YES 2 NO
FUNERAL	6603		ng Mills	Circle			101.	ZIP CODE 212	07			10g. CITI	USA	HAT COUNTRY?
E	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13. W	AS DECE	ENDENT OF	HISPANIC Mexican	ORIGIN? (Sp Puerto Rican	pecify Yes	or No-	14. RACE -	- American Indian, White, etc.
ED BY	3 Widowed 4 Divo		IF YES, GIVE W	MR OR DATES"		1 [	YES	2   NO					Specify Afr.	
ETE	(Specify only Elementary/Secondary (0	y highest grade	completed)	(0	ECEDENT'S Give kind of a Do NOT us	USUAL OCC vork done du se retired.)	ving mos	N t of working		18b. KIN	D OF BUS	INES\$/IND	USTRY	
COMPLET			College (1-4 or 5	.)		Pour	er					lehe	n Ste	eel
BE CC	17. FATHER'S NAME (First, M Louis	Му	les					R	uth		nney			
5	Janice	My1e	S	16	6603	Spri	ng .	Mills	Aural Aod.	r. Ba	ity or Town	Md.	212	.97
	20a, METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE cemetery, cri	AND DATE	of Disposit	ION (Nar	ne ol		OATE		ood1		
	21. SIGNATURE OF FUNERAL	il (	y de	leo			Est		othe	rs Fu	nera	1 Hor	ne P.	Α.
CERTIFICATION	23. PART I. Enter tha disense, or his mediate CAUSE (Findisease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY! CAUSE (Disease or injuthet initiated events resulting in death) LAS	done, diate	a. ME' DUE TO OUE TO	ea en aach lin	OUENCE OF	7:					or respir	arretory arre	est,	Approximata Interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other eignifica	nt condition	e contributing to	death but not	resulting i	n the unde	erlylng	cause give	en In Pa		WAS AN / PERFORI	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
IAN	25. WAS CASE REFERRED TO	MEDICAL					28. Pl 4	CE OF DEAT	TH (Charle	only need				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 1	DOA	OTHER:					-4.:			
¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF 2	8c. INJU	RY AT	-	Other (Spe		JURY OCC	URED	
3		Pending nvestigation	(Month, De	ly, Year)	INJ	URY M	WOR		ю					
ETED E	2 Culaida —	Could not be letermined	28e, PLACE Of building,	FINJURY — At ho	ome, ferm, a	treet, factory	y, office		2	8f. LOCATION City or Tox	(Street ar	nd Number o	or Rural Rou	ite Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEON	IFYING PHYSI	CIAN: To the best of R: On the basis of ex	my knowledge, de	ath occurre	d at the time	e, date e	and place, en	id due to	the ceuse(a)	and men	ner as state	d.	and menner ee stated.
BE	296 SIGNATURE AND TITLE			rah	/	091		29c. LICENS					SIGNED (A	
5	30. NAME AND ADDRESS OF		O COMPLETED CAUS	F OF DEATH (ITE	M 27) (Type,	Print)	1	UN	101	1 1	ME	M.	+	1AT 1920
	31. DATE FILED (Month, Day, 1)	991		A'S SIGNATURE	22							- ' '		1,1

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  S certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deot of Health and Mental Hydiene prior to burial, cremation, or remanal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OH MINION WISICIAN: The law requires that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTION of the certificate has been signed by the attending physician and completely filled in by the 15 billed within 72.	IMPORTANT: If item 24 is parted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, L	ast)	·			2. DATE OF DEATH		3. TIME OF DEATH
	LUCY ADELIN	NE NOCAR				MONTH 3		1 2 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign
	2 <b>1</b> 3-28- <b>6</b> 457	1 DM 2 X F	YRS.	MONTHS DAYS	HOURS MIN.	8 19 19	. ~	IARYLAND
~	9a. FACILITY NAME (If not institution, g	rive street and number)		9b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. COUNTY	
DIRECTOR	UNIVERSITY OF	MD HOSPITAL		BALTIM	ORE		NONE	
E C	10a. STATE 10b. CO		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
8	MARYLAND AN	NE ARUNDEL	GIE	N BURNI	C C			LIMITS?
A A	10e. STREET AND NUMBER	WE THOUDED	1 975		I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	7885 GORDON COU	JRT APT. D-585			21060		U.S.A	1
15	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 D YES	ecity Cuben, Maxic 2 X NO Speci	en, Puerto Ricen, etc.) fy:		Black, White, etc. Specify:
	15. DECEDENT'S	5010171011						WHITE
COMPLETED	(Specify only highest g	rade completed)	16a, OECEDENT'S (Give kind of w life, Do NOT us	USUAL OCCUPATION  Fork done during more  retired.)	ON ist of working	16b. KIND OF BU	SINESS/INDUSTI	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE		DIVISI		TIECET	MOHOHET	7
OM	17. FATHER'S NAME (First, Middle, Last)		AIR ART	DIVISI		AME (First, Middle, Maiden	NGHOUSE	<u> </u>
E C	ALEXANDER MALIN	IOWSKI			STELLA			1 . 1 .
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	WN Kaszu	ubinski
5	IRIS BLACK							NEW YORK 09128
	20a. METHOD OF DISPOSITION 1 XBurtal 2 Cremation 3   F		PLACE AND DATEO	FDISPOSITION (Na			CATION - City	
	4 Donation 5 Other (Specify)	H	OLY CROS	ner plece) S CEMETE	ERY	10-3 BRO	OOKLYN,	MD
1	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AI	D ADDRESS OF FA	CILITY		
	1 93. Hans	- Henker	-			NERAL HOME		E, MD 21061
	23. PART I. Enter the diseases,	or complication, that ceuse	d the death. Do n	ot enter tha mo	de of dying, suc	ch as cerdiac or reep	ratory arrest.	Approximate
	IMMEDIATE CAUSE (Finel	re. List only one ceuse on a	ach line.	1	1			Interval Batween Onset and Death
	disease or condition resulting in death)	. Gron	ary a	Mery	ohseese			
		DUE TO (OR AS A	CONSEQUENCE OF	1	1			
No.	Sequentially list conditions,	- Renu	CONSEQUENCE OF	wayi	conce	1		
TA.	If any, leading to immediate cause. Enter UNDERLYING	Cil	L. la	dr)	*	2.		
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	10	um	14		
CERTIFICATION	reaulting in daeth) LAST	d						
5	PART II Other eignificent condi	tions contain ulas to death is						
\ \ \ \ \ \ \ \ \ \ \ \ \ \	PART II. Other eignificant condi	tions contributing to deeth b	out not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC						1 YES 2	MNO	OF DEATH?
Σ					-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF BEATU ON			
Sic	EXAMINER?	HOSPITAL: 1 € Inpatient 2 □ ER/Outs	retient 2 1 004	OTHER:	ACE OF DEATH (Ch			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NURY OCCURE	n
	1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY WO	RK? /ES 2 NO	ava. segombe nov .	NOON! OCCORE	
D BY	2 Accident Investigate 3 Suicide 8 Could not	28a. PLACE OF INJURY	— At home, farm, st			281. LOCATION (Street a	and Number or Ru	iral Route Number.
ш	4 Homicide determined		эту)			City or Town, State)		Santi
1 2	29a. CERTIFIER 1 CERTIFYING PH	HYSICIAN: To the best of my know	ledge, death occurre	at the time, date	and place, and due	to the cause(s) and mar	ines an eleted	
COMPLET	one) 2 MEDICAL EXAM	NINER: On the basis of examination	n end/or Investigation	, in my opinion, d	eath occured at the	time, data and place, an	d due to the cau	ise(s) and manner as stated.
	296 SIGNATURE AND TITLE OF CERTI				29c. LICENSE NUI			NEO (Month, Day, Year)
BE	Mary 5	(Vaste ma)	)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ G	2.101
2	30. NAME AND ADORESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)			-7/	20 11
							-	
	31. DATE FILED (Modith, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	OCT 0 1 1991	John Davidson-1	jandelle					

should

pes 1, 2, 3

POTAL OR ATTENDING PHYSICIAN: The law

О.	
TO THE THE LALL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 772 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

SINAI

HOSPUTA

31. DATE PIEED (Month, Day, Year)

BAUTHORE

102 REGISTRAR'S SIGNATURE

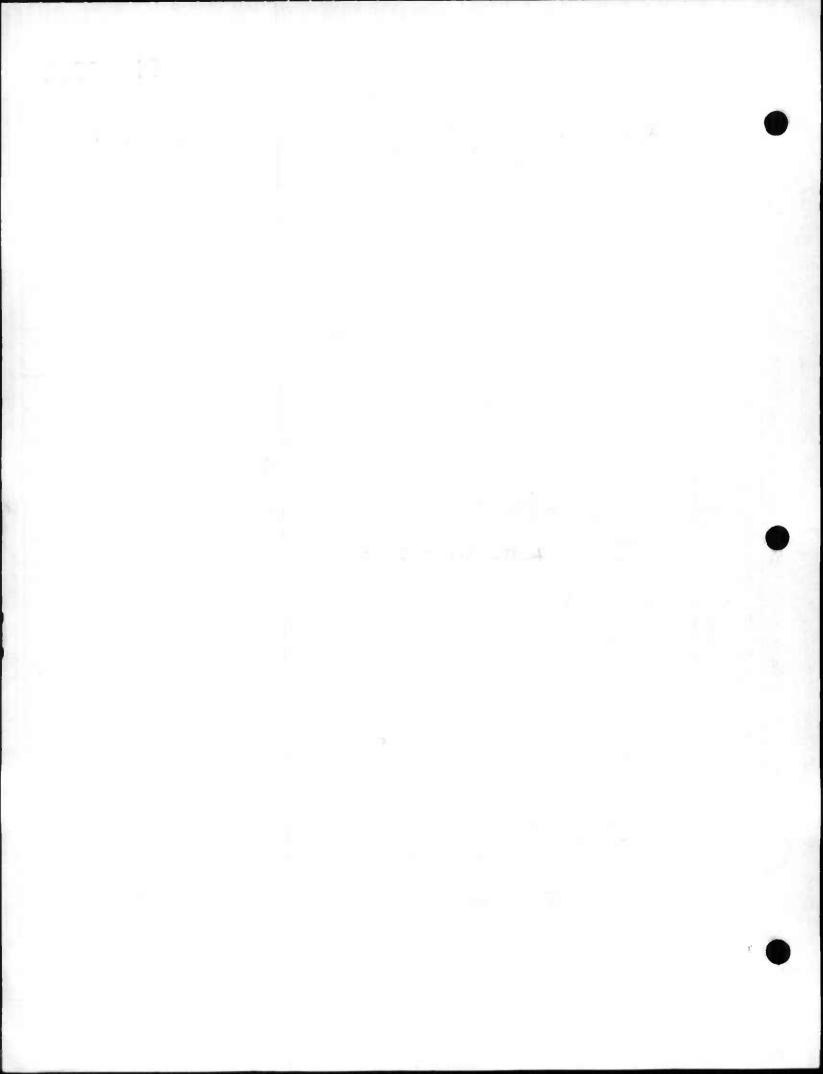
91 26602 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH UBERGER ALVIN NE 12:55 PM 9 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign 87 166-24-1729 1 X M 2 F DAYS HOURS MIN. YRS 8/10/1904 MARYLAND 9a. FACILITY NAME (If not institution, give street and nu 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SINAI HOSPTIAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? B301 PINKNEY RD. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Bleck, White, etc. 1 Never Married Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY ost of working ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ ATTORNEY AT LAW 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SIEGFRIED NEUBERGER SOMMER HANNAH BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
3301 PINKNEY RD. BALTIMORE, MD 21215 2 MRS. LOIS G. NEUBERGER 20a. METHOD OF DISPOSITION

XX Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State HEBREW FRIENDSHIP BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. tilluon 6010 REISTERSTOWN RD. BALTO., MD PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death ACUTE INFEROLATERAL WALL MYOCARDIAL diseese or condition resulting in death) DAYS DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO PLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpetlant 2 ER/Outpetlent 3 DOA **EXAMINER?** OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Sulcida COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RESIDENT PHYSICIAN 5. 101 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2401 W. BELVEPEKE

BALTHORE MOZIZIS

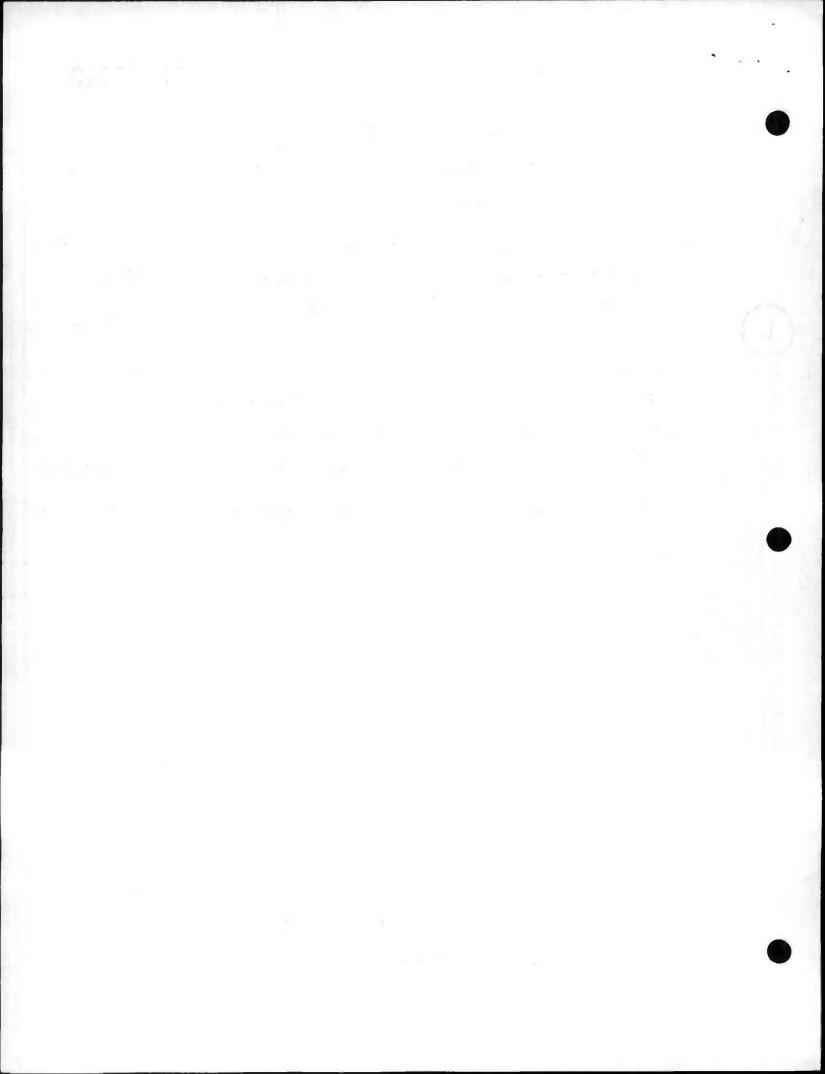


materials permit. Pages 1, 2, 3 should

26603

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	20003
	1. DECEDENT'S NAME (First, Middle, Last)	AlfredS	OZ	DLINS	2. DATE OF DEATH MONTH 25	91 1:50 P M
	4. SOCIAL SECURITY NUMBER  216 36 9735  90. FACILITY NAME (If not institution, give	15M 2 - F 8	YRS. MON	UNDER 1 YEAR IF UNDER 24 HREITHS DAYS HOURS MIN	AUG 3 1907	8. BIRTNPLACE (State or Foreign Country)  CUSSIA  UNTY OF DEATN
DIRECTOR	FRANKLIN S RESIDENCE OF DECEDENT		LAT, L	ROSSOALS	Balt	timore
	10a. STATE 10b. COUNT	Timore	10c. CITY, TO			16d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	3023 FIFTH	Ars.		101. ZIP CODE	10g. CI	U.S.A
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cuben, Mex	PANIC ORIGIN? (Specify Yes or No— icen, Puerto Ricen, etc.) celly:	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BUSINESS/IN	
MPL	10 YRS	3/RS.	Kilor	DAG	GENERAL S	SISCIPLIC
00	17. FATHER'S NAME (First, Middle, Last)	1.5		18. MOTHER'S	NAME (First, Middle, Malden Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)	201.05		07	CA SOLMAN	
5	FAMILY RECO	ROS	196. MAILING ADD	RESS (Street end Number or Rul	al Route Number, City or Town, State, Zi	ip Code)
	20e. METNOD OF DISPOSITION  1  Burlel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)		PLACE AND DATE OF OIL etery, crematory or other p	lace)		- Cily or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	RSSO TOU	22. NAME AND ADDRESS OF		ACKE I NAKATAVO
	> Trails to	Fram. A.		SEOO HARFO	en Roso - Park	rills.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Aspiration  DUE TO (OR AS A  Dementia  OUE TO (OR AS A  Cardiopulm	Pneumonia  consequence of):	a .	uch as cardiac or respiratory as	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ne contributing to deeth be	ut not resulting in th	e underlying ceuse given	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2X NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		28. PLACE OF DEATH (	Check only one)	
IXSI	EXAMINER?  1 YES 22 NO  27. MANNER OF DEATN	HOSPITAL:		HER: Nursing Nome 5 - Residence	e 8 □ Other (Specify)	
ВУ РН	1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OC	CURED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, atreel,	, fectory, office	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINI	ICIAN: To the best of my knowl IR: On the basis of examination	edge, death occurred at a end/or investigation, in	the time, data end place, end d my opinion, death occured at t	ue to the cause(e) end manner ee ste he time, date and place, and due to ti	ited.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIE	n K Hel	6 MD	29c. LICENSE N D 40	17   3   29d. DAT	TE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WIFE	MD 9000 Fra	nklin Sq.	Dr., Balto.,	MD 21237	
	31. DATE TOPO(Month/Day, Year)	32 REGISTRAR'S SIGNA Junia Davidson	TURE - Rondon			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law completely find in the manner of the property of the following physician and completely find in the manner of the property of the state of the build-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minority manner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		IENTAL HYGIENI		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	WAYNI	E LAVERN PA	ARRIS			9-23-199		3:P M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
	481 10 4063	1 <del>▼</del> M 2 □ F 73		ONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 9-2-1918		owa Owa
	9a. FACILITY NAME (If not Institution, give st			9b. CITY. TOWN (	R LOCATION OF DE		9c. COUNTY O	
œ	17110 Quaker La				Spring			
2	RESIDENCE OF DECEDENT	111E		Sanuy	Spring		MOHEC	Jomery Co
E I	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
DIRECTOR	MD Mon	tgomery County	Sa	ndy Spr	ing			1 YES 2 NO
뒿	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
ER	17110 Quaker Lan	e			20860		US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2			ENCENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. R	IACE — American Indian, Black, White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify	:	100	Specify:
BY			no			no		White
Ē	15. DECEDENT'S EDUC (Specify only highest grade			SUAL OCCUPATION done during me		16b. KIND OF BUS	INESS/INDUSTR	iY
삗	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)		ĺ				
COMPLETED		(Ph.D) 12 yrs	Educa	tor				Professor
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
8	EDMUND PARRIS				LILLIE	SMITH		
2	19a. INFORMANT'S NAME (Type/Print) Melba Parris	Wife				Route Number, City or Town		
- 2)	20a, METHOD OF DISPOSITION  1 Devial 2 Cremation 3 Rem		ACE OF DISPOSI or place)	TION (Name of ce	metery, cremetory or	20c. LO	CATION — City of	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	neuner A		DO NAME A	ND ADDRESS OF FA	CHIEV		
	St. Siunatone by runenal service of	Ronald Wade				State		y Board
1	Janares /1	U Mee 91	/91	655 W	. Baltimo	ore St.Bal	to.,MD	21201
	PART i. Enter the diseases, or o			ot enter the me	ode of dying, auc	h ee cerdlec or reap	ratory arreat,	Approximate interval Between
ч	IMMEDIATE CAUSE (Fine)	List only one ceuse on each	iine.	5	1	f A		Onset end Death
	disease or condition	. (ard	Lac	1)	45 rh	4 thm	49	5 m
	resulting in death)	DUE TO (OR AS A CO	NSEOUENCE OF	):	1	1		
z	A CONTRACTION OF THE ART OF THE	a FOW	Nan	1	HI Me	WSOLE	Mus	1048
윤	Sequentially ilat conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF	):	,			/
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C						
	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF	):				i
CERTIFICATION	resulting in destil) Ex31	d						<u> </u>
	PART il. Other aignificant condition	na contributing to death but r	not resulting i	n the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
CAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0	,					1 □ YES 2	. Lamo	OF OEATH?
Σ				-		-	1	1 123 1 1 10
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26, F	LACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetie	mt 1 🗆 DOA	OTHER:	ne 5 (3 metidence			
H	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TiMi	E OF 28c. IN	JURY AT	28d. OEŞCRIBE HOW	INJURY OCCURE	EO
0	1 Natural 5 Pending	(Month, Day, Year)	TNI		ORK? YES 2 NO			
8	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY —	At home, farm, a	treet, factory, offi	Co	261. LOCATION (Street		tural Route Number,
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)				City or Town, State	)	
E	29a. CERTIFIER	NOIAN. To the heat of my board of	a death	ed at the time of	a and place and div	to the course's and	oner en efeted	
MP	(Check only	SICIAN: To the best of my knowledg						use(s) and manner as stated
COMPL	2 MEDICAL EXAMIN	ER: On the basis of examination an		, at any opinion,				
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	Lo the			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Mogth, Day, Year)
10	USTERN	- TENN			1) 05	122	1 7 /2	7/91
-	30. NAME AND ADDRESS OF PERSON W				111222	wanna Cait	horahii	ra MD20979
	DR. G. STUART			omery \	TITAGE A	venue, Galt	.nersbul	rg, MD20879
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	HE .					

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First				OUGHAF	YTY	PU	IGH		2. DATE	OF DEATH 9	-28-	91	3. TIME OF DEAT	
CAROLI 4. SOCIAL SECURITY NUM	-	T 5, SEX	GH	t a bratal b					-	OF BIRTH	38	1991	15' 50  HPLACE (State or Fo	A
433 28 3		1 M 2 F	68	. lest birthday) YRS,	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Coun	itry)	нgп
9e, FACILITY NAME (# not			- 68		9b. CITY	TOWN O	R LOCATI	ON OF DE		18-22	9c CO	UNTY OF	XAS	_
		n Hospital					more							
RESIDENCE OF DE		m nospica.			Do	art_	MOLE	:				na		
10a. STATE	10b. COUN	MTY		10c. CI	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
MD		na			Balt						_		1 YES 2 🗌	10
10e. STREET AND NUMBER						101	. ZIP COD				10g. CI	TIZEN OF	WHAT COUNTRY?	
5938 Do	orthwo	od Drive					212					T	USA	
1 Never Merried 2 2 3 Widowed 4 Div		FORCES? 1 IF YES, GIVE W	YES 2	□ NO	H	f yes, spe	ecify Cubi	m, Mexice Specify	m, Puerto	N? (Specify Yei Rican, atc.)	II OF NO.	Spe	CE — American India ck, White, atc. cdy: White	١,
15. DE	CEDENT'S E	1 ==	16a	DECEDENT'S	USUAL OC	CUPATIO	ON		168	, KIND OF BU	SINESS/II	NDUSTRY	WIIICE	_
(Specify of Elementary/Secondary		College (1-4 or 5 +		(Give kind of life. Do NOT u	work done d se retired.)		st of world	ng		Offic			er	
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surneme)	)		
JOHN CAR	RROLL	DOUGHART	Y						MARY	JODII	E WES	STBRO	OOK	
19a. INFORMANT'S NAME				19b. MAILIN	3 ADDRESS	(Street a	nd Numbe	r or Rural		ber, City or Tow				_
John Pug	gh	Husband	đ	5938	Nort	thwo	od D	rive	,Bal	to.,MI	2	1201		
20a. METHOD OF DISPOSI 1 Burlel 2 Cremel 4 Donation 5 Other	lon 3 Re	emoval from Stale		ACE AND DAT			(Name		DAT	E 20c. LC	CATION -	— City or <sup>1</sup>	Town, Slate	
21. SIGNATURE OF FUNER	AL SERVICE	Ronald	d Wade	, Dir	22. 1	NAME AN	ND ADDRE	SS OF FA	CILITY S	tate A	Anato	omy 1	Board	
AMINI	////	IMI -												
/	heert failur	or complications that	t ceused the	0/91 e death. Do						t, Bal			Approxim Interval B Onset and	twe
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert failur	a. Respu	t ceused the	e death. Do line.	not enter	the mo							Approxim- Interval B	twe
ahock, or MMEDIATE CAUSE (F disease or condition	heert fallur inei	a. Respundent to the second of	t ceused the	e death. Do line.  My far Necouence (	not enter	the mo							Approxim- Interval B	twe
ahock, or MMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL' CAUSE (Disease or in that initiated events	ittions, lediate YING jury	a. Res Pts Due to b. Pulu c. COPT Due to	(OR AS A COL	e death. Do line.  My fu fu hateouence (	not enter	the mo	de of dy	ring, auc	ch ae cer	diec or reep	N AUTOPS	arrest,	Approximinterval B Onset and	De De
shock, or shock, or shock, or disease or condition resulting in death)  Sequentially list cond if any, leading to immereuse. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ittions, lediate YING jury	a. Res Pts Due to b. Pulu c. COPT Due to	(OR AS A COL	e death. Do line.  My fu fu hateouence (	not enter	the mo	de of dy	ring, auc	ch ae cer	24a. WAS AI	N AUTOPS	arrest,	Approximinterval B Onset and Onset and Ab. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF C	De De
shock, or shock, or shock, or disease or condition resulting in death)  Sequentially list cond if any, leading to immereuse. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ittions, lediate YING jury	a. Res produce to the second of the second o	(OR AS A COL	e death. Do line.  My fu fu hateouence (	not enter	the mo	de of dy	ring, auc	ch ae cer	24e. WAS AT PERFO	N AUTOPS	arrest,	Approximinterval B Onset and	De De
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific	ittions, lediate YING jury	a. Res Production of the contributing to	(OR AS A COI	e death. Do line.  My fry RSEQUENCE (  NSEQUENCE (  NSEQUENCE (  not resulting	not enter  OF):  OF):  OTHER	the mo	g cause	given in	Part i.	24a. WAS AFPERFO	N AUTOPS	arrest,	Approximinterval B Onset and	De De
shock, or shock,	ittions, lediate YING jury	a. Res Production of the contributing to	(OR AS A COI  (O	MSEQUENCE (MSEQUENCE (	not enter    OFF:   OFF	26. Pi	g cause	given in	Part i.	24e. WAS AT PERFO	N AUTOPS RMED?	Y 24	Approximinterval B Onset and	De De
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	ittions, lediate YING jury	a. Res Production of the contributing to	(OR AS A COI  (O	MSEQUENCE (MSEQUENCE (	not enter	26. Pi	g cause	given in	Part i.	24a, WAS AT PERFO 1  YES	N AUTOPS RMED?	Y 24	Approximinterval B Onset and	De De
ahock, or IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident	ittions, lediate ying jury LST Cent condit	a. Res PLS  DUE TO  DUE TO  C. DUE TO  d. DUE TO  d. HOSPITAL: 1 I Inpatient: 28e. DATE OF (Month, Date of be building, Date of building, Date of be building, Date of be building, Date of buil	(OR AS A COI  (O	NSEQUENCE (	OTHER 4 Num	26. Pi	g cause	given in	Part i.	24a. WAS APPERFO 1 YES	N AUTOPS RMED? 2 NO	Y 24	Approximinterval B Onset and	De NOIN TO AUS
shock, or shock, or shock, or shock, or disease or condition resulting in death)  Sequentially list cond if any, leading to imm couse. Enter UNDERL CAUSE (Disease or in the initiated events resulting in death) LA  PART II. Other eignifications of the country of	TO MEDICAL  Pending Investigation Could not determined	a. Res PLS  DUE TO  DUE TO  C. DUE TO  d. DUE TO  d. HOSPITAL: 1 I Inpatient: 28e. DATE OF (Month, Date of be building, Date of building, Date of be building, Date of be building, Date of buil	(OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)	e death. Do line.  My fry Recount () Recount	OTHER A Num  Street, fact	26. Pi	g cause	given in  DEATH (C)  tesidence  NO	Part i.	24a, WAS AI PERFO 1 YES  TO SCRIBE HOW  CATION (Street or Town, State	N AUTOPS RMED? 2 NO BNJURY C	Y 24  OCCURED  ber or Rura	Approximinterval B Onset and Onset a	De NOIN TO AUS
shock, or shock, or shock, or shock, or disease or condition resulting in death)  Sequentially list cond if any, leading to imm couse. Enter UNDERL CAUSE (Disease or in the initiated events resulting in death) LA  PART II. Other eignifications of the country of	ittions, lediate YING jury ST Cont conditions and conditions are conditions.  To MEDICAL Pending investigation determined artifying PH COICAL EXAM	a. Res PL  Due to  Due to  Due to  Due to  COPT  COPT  Due to  Due	(OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)	e death. Do line.  My fry Recount () Recount	OTHER A Num  Street, fact	26. Pi	g cause  LACE OF	given in  DEATH (C)  tesidence  NO	Part i.  Part i.  6 Oth 28d, DE 28f, LOC/D)	24a, WAS AI PERFO 1 YES  TO SCRIBE HOW  CATION (Street or Town, State	N AUTOPS RMED? 2 NO SNJURY C end Numi )	Y 24  DOCCURED  ber or Rura  stated.	Approximinterval B Onset and Onset a	De De De De De De De De De De De De De D
shock, or shock, or shock, or disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME	ittions, lediate YING jury ST Cont conditions and conditions are conditions.  To MEDICAL Pending investigation determined artifying PH COICAL EXAM	a. Res PL  Due to  Due to  Due to  Due to  COPT  COPT  Due to  Due	(OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)  (OR AS A COI)	e death. Do line.  My fry Recount () Recount	OTHER A Num  Street, fact	26. Pi	g cause  LACE OF	given in  DEATH (C/ tesidence  NO	Part i.  Part i.  6 Oth 28d, DE 28f, LOC/D)	24a, WAS AI PERFO 1 YES  TO SCRIBE HOW  CATION (Street or Town, State	N AUTOPS RMED? 2 NO SNJURY C end Numi )	Y 24  DOCCURED  ber or Rura  stated.	Approximinterval B Onset and Onset and Approximation Interval B Onset and On	De NOIN TO AUS

			I
P			I
hou			I
3 5			I
ď			ı
\$ 1,			I
age			I
ff. F			Ì
erm			l
H D			
rans		-	
ial-f			l
De			ı
the			ı
38			
use			١
for			ı
hed		at l	ı
etac		D C	l
p ed		10	l
Pi		9	ŀ
Shou			I
NO.		no no	ı
Sage		9	ı
0,0		nst nst	ı
rect		E	ı
p re		in in	ı
Juen		E S	l
he fi	<u> </u>	ex	Į
by th	E S	ica	ľ
_=	2	De	l
lilled	n,		l
ely 1	atio	Ĕ.	l
plet	леп	ent	Į
E00	ਰ	8	I
D	M	atic	I
an a	2	E	I
Sici	prio	12	I
phy	90	her	ı
ding	ğ	0	ı
tlen	T T	, 0	I
hea	Men	5	I
by d	D	=	l
ped	th a	vs any in	١
Sign	Heal	*	ĺ
веп	9	sho	ı
is b	ept.	63	ı
e ha	te D	item 2	ı
ficat	Sta	He	ĺ
Serti	the	0 .	ı

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN: item 23

BY

ED

COMPLET

BE

2

marked, with

28 is

After 1 death

FUNERAL DIRECTOR: within 72 hours after

HOSPITAL

TO THE FUNERAL DIRECTO
De filed within 72 hours af
IMPORTANT: If item 28

8

91 26606 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEDENT'S NAME (First Middle Leat) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD John Linwood Parks 09 91 7:20 PM 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yes last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPI ACE (State or Foreign DAYS HOURS 75 218-05-7576 1 🕅 M 2 🗌 F YRS 02-05-16 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll 3277 York Street Manchester RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll Manchester 1 YES 2 NO MD. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21102 3277 York Street USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) Specify: White 1 TYES 2 NO Specify 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) 10 Ford Dealer New Car Dealership 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Myrtle Gill John Linwood Parks 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3272 Charmil Drive Manchester, MD. Linda Maisel 20a. METHOD OF DISPOSITION

1 V Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other Portal 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Middletown Cemetary Freeland, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA Hickory PA 17349 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition CARCINOMA ZYEARS PROSTATIC reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): METASTATIC DISEASE 34192 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO g Home 5 Residence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nu 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 5 Pending 1 YES 2 NO 2 Accident Investigation

28a. PLACE OF INJURY --- At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 29a. CERTIFIER (Check only one)

The property of the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

		TOO OF PERIODIT WITH COMM ELI	TO CHOOL OF OLDITI	trem ary trypu, comp			
(	SD	MORTARIA	3000	MANCITESIER	ROMD	MMNCHESTER	MD. 21/02
_							

017076

31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Aulia Davidson-Randall 1991

9/28/9

FOR

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

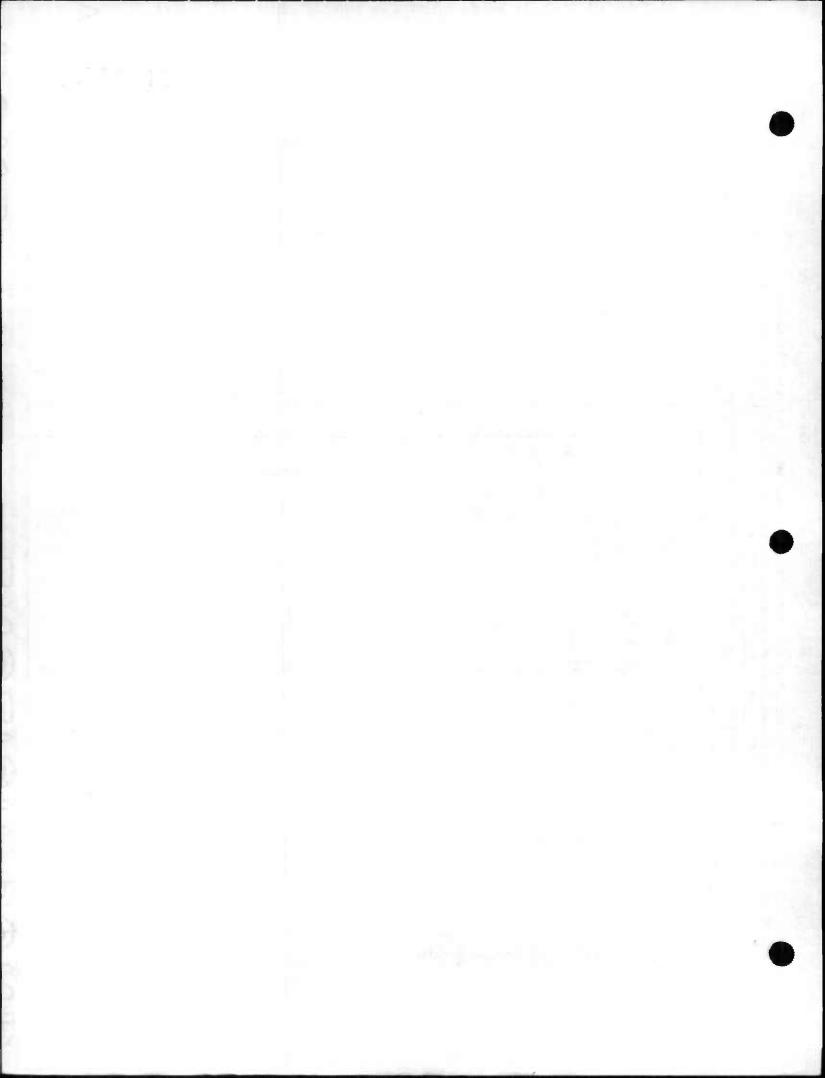
	1 - STATE REGISTRAR	CI	RTIF	ICATE	OF	DEAT	TH	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	Floyd		Pa	lmer				MONTH () 9	26		9 9 1	1:28 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 214-56-3566 187 M 2 7 5	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE C	DE BIRTN		8. BIRTH	NPLACE (State or Foreign
	1.25	4	OYRS.	MONTHS	DAYS	HOURS	MIN.	172	1751		Md	•
~	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATN		INTY OF D	DEATN	
0	2022 N. Calvert Stree	et-Apt.	D	Bal	tim	ore						
EC	10e. STATE 10b. COUNTY			Y, TOWN C								
DIRECTOR	Md.			ltim								19d. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER			-	101	ZIP CODE				100 CIT	IZEN OF	WHAT COUNTRY?
ER.	2022 N. Calvert St.					212	18					.S.A.
FUNERAL		T EVER IN U.S. AR	MED	13. 1	WAS DEC	ENDENT O	F NISPAN	IIC ORIGIN?	(Specify Yes	or No	14. RACI	E — American Indian, k, White, atc.
BY F		YES 2 Th	10		f yes, spe	2 NO	n, Mexican Specify	n, Puerto Ri	k, White, atc.			
	15. DECEDENT'S EDUCATION											J11.
ETE	(Specify only highest grade completed)	(Gi	ve kind of	Work done of retired.)	during mos	N st of workin	g	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
PLE	Elementery/Secondary (0-12) College (1-4 or 5	+)		loye	Б							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 011	Cmp.	1010	u I	10 MOTH	EQ'S NA	ME (Elev. A4	iddle, Maiden			
	Larenzo Palmer						1eva			uck	ρr	
BE	194. INFORMANT'S NAME (Type/Print)	196	. MAILING	ADDRESS	(Street e				r, City or Tow			
2	Geneva Caldwell	3	10 0	Cold	we1	1 Rd			dena,			21122
	20s. METNOD OF DISPOSITION 1-S Burial 2 Cremation 3 Removal from State	20b. PLACEA	ND DATE	OF DISPOS	ITION /Ne	me of		DATE			City or To	
	4 Donation 8 Other (Specify)	West	ern°	Sta	r C	emet	ery	10				e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILI										
	Betts Funeral F	Iome	ome 1129 N. Caroline St							BA.	lto.	, Md.2121
	23. PART I. Enter the diseases, or complications the	t ceueed the de	ath. Do r	not enter	the mod	de of dyle	ng, auch	ee cerdi	ec or respl	ratory an	reat:	Approximate
	ahock, or heart failura. List only one cat IMMEDIATE CAUSE (Finel	ise on each line.										Interval Between Onset and Death
	disease or condition resulting in death) a. UREMIA	DUE TO	FND	STAC	E DE	TAIAT	DICE	יז כידי				Criser and Death
	DUE TO	(OR AS A CONSEC	UENCE O	F):	<u> </u>	WALITI						
Z	Sequentially list conditions, b.											
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEC	UENCE O	F):								
일	CAUSE (Disease or Injury	(OR AS A CONSEO	UENOS O									
Ē	that initiated events  resulting in death) LAST	(On AS A CONSEC	DENCE OF	7):								
CERTIFICATION	d											
DICAL	PART II. Other aignificant conditions contributing to				derlying	ceuee g	iven in I	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	INTRAVENOUS DRUG ABUSE; C	ARDI) MYF	PATHY					_	YES 2			COMPLETION DF CAUSE OF DEATH?
MA M								_				YES 2 NO
ğ												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER				ck only one)				
PHYSICIAN: ME	1 ☐ YES 2 ☐ NO	ER/Outpatient 3		4 - Nura	ing Home		sidence (	6 🗆 Other				
	1) Natural 5 Agriding (Month, B		28b. TIM INJ	URY M	28c, INJU WOF	RK?		28d. DESC	RIBE HOW II	IJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 28e. PLACE 0	F INJURY — At hon	ne term			ES 2 🗌	-	201 1 0047	1011 101 1			
	4 Nomicide 8 Could not be determined building,	atc. (Specify)	, 101111, 1		ny, omce			City or	TON (Street a Town, Stete)	nd Number	or Runal A	loule Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of										-	
Z	(Check only	my knowledge, des	th occurr	d at the tir	me, date	end place,	end due t	to the cause	e(s) end men	ner es atal	led.	
ဗ ူ	2 MEDICAL EXAMINER: On the besis of e	carranetton end/or in	rvestigatio	n, in my or	Hinton, de	ath occurs	d at the t	ime, date a	nd place, end	due to th	ne cause(s)	end menner es stated.
8	290. SIGNATURE OF CERTIFIER	4				29c. LICEI	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAU	SE DE DEATH TOTAL	277 (7=	Dulant)		O.C	. M . I	Ε		09	2	7 1991
	STATE OF THE STATE	A OF DEATH (ITEM	zrj (rype,									
	31. OATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE	111	Per	nn S	itre	et.	Bal	timo	re M	lary	land 2120
		on Randall										

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending now after the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending now after the death certificate be executed within 24 hours after death.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the present of the formal plane 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENT	AL HYGIEN	E 91	20	608
1. DECEDENT'S NAME (First,	eu.	Dahiben A	1	atel			2. DAT		09-29 "- 9	YEAR 3.	IME OF DEATH I
4. SOCIAL SECURITY NUMB 370-94-391 98. FACILITY NAME (II not in	ļ1	OM 2 BP	SC.	YRS. MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF DEA				(Month, Day, Year) Country 09-15-1906			ce (State or Foreign
Baltimore RESIDENCE OF DEC	EDENT	eneral Ho	spi								
	10b. COUNTY Ba	altimore	10c. CITY, TOWN OR LOCATION Reisterstov				wn			LIMITS? YES 2 \ NO	
12316 Bons			'	211	36		10g. CITIZ	Indi			
3 X Widowed 4 Divo	rced	MEO IO	If yes, a	CENDENT OF HISP pecify Cuban, Maxi S 2 X NO Spec	can, Puert	GIN7 (Specify Yea to Rican, etc.)		Black, Wr Specify:	American Indian, lita, atc.		
(Specify only Elementary/Secondary (0 6th		ON apleted) College (1-4 or 5+)	(Gi	CEDENT'S USL We kind of work Do NOT use re HOMEM	done during n tired.)	ION lost of working	10	66. KIND OF BUS	Home	JSTRY	
17. FATNER'S NAME (FIRST, MI	Patel					Shak	arbe	n Middle, Maiden en Pati	el		
Kiran A.	Patel		12	2316	Bonfi	end Number or Runs	ve,	Reist	erst	own,	
1 Buriel 2 X Cremetlo 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Removal (Specify)	from State	Me Week	patory or other C	remat		nc9/	/30 Ba	ltim		MD
iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immedicate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAST	s ona, liate NG c	DUE TO (OR AS	A CONSEC	UENCE OF):	Ja	leso					Intervsi Between Onset and Death
PART II. Other significant	tug	notifibuting to death	but not re	aulting in the	ne underlylr	g cause given li	Part I.	24ii. WAS AN / PERFORI	MED?	CON OF I	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?
	H	OSPITAL: Inputient 2 □ ER/Ou  26a. DATE OF INJURY (Month, Dey, Year)			HER: Nursing Hor 28c. IN	LACE OF DEATH (Come 5 Residence JURY AT JRK? YES 2 NO	8 🗆 Oth		JURY OCCU	PRED	
3 Suicide 6 0 4 Homicide 6 0  29a. CERTIFIER (Check only 1 CERTI	could not be etermined	28a, PLACE OF INJUR building, atc. (So	wledge, dea	th occurred at	the time, date	and place, and du	• to the ca	CATION (Street ar y or Town, State) suse(a) and mane	ner as atated	1.	
29b. SKINATORE AND TITLE  29b. NAME AND ADDRESS OF	OF CERTIFIER	on the bests of examination	-		"	29c LICENSE NU		ta and placa, and		SIGNED (Mon	
31. DATE FILED (Month, Day, Y	bar) Bo	5 m D 132. REGISTRAP'S SIN	Dature of	20	1.20	ch He	4	h	21	207	2

8	Ď	
Spri	hed	- 2
9	etac	9
5	9	0
D.	P	9
Bine	shou	5
9	5	2
2	page	2
Ë	100	tsn
96	irec	E
2	P Te	ine.
ag.	nuel	E
30	the f	6
E E	4	2
SUDG	in in	100
4	Filled	
E S	ely	=
ME	plet	Le l
9	100 E	6
TJ OOK	and	ati
9	ian	1
ate	ysic	1
E C	dd D	the
Ce	Hydin	0 10
eath	atte	*
hed	the	를
att	20	N P
us th	ned	3
dair	Sign	*
V re	bee	-
9	has	2 2
Ē	ate	tem
M	rtific	0 -
S	9 1	
T	Ē	7
98	}	E
E.	k	*
Ę	E	1 28
TO THE HOSPITAL OR ATTEMPORED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIFFERENCE AND THE CONTINUE OF	be filed writhin 12 flours after beaut with the State body. On reading any injury, or other traumatic event, the medical examiner must be notified at once.
A	ME	1
SP	NEH	E E
H	5	M
Ĕ	E	2
2	2	8 ₹

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.	91	20009	
1	1. DECEDENT'S NAME (First, Middle, Lust)	PAZOR	NIK			2. DATE OF DEATH MONTH C DAY	7 9 EAG	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER (02-09-1660	1 DH 2 DE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) 8/18/ 19	0. BIF	THPLACE (State or Foreign ROMANIA	
E CH	9a. FACILITY NAME (If not institution, give str BALTIMORE COUNTY	GENERAL HOS	SP.		RANDALLS!		9c. COUNTY OF	F DEATH ALTIMORE	
DIRECTOR	10e. STATE  MARYLAND  RESIDENCE OF DECEMENT  10b. COUNTY  B	ALTIMORE	10c. CIT	TY, TOWN OR LOCAL	NDALLSTO	ŇN		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 9109 LIBERTY RD.			10	21133		F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	BI	ACE — American Indian, ack, Whita, atc.	
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade to Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of life. Do NOT L	S USUAL OCCUPATI work done during muse retired.) SEWIFE	ON asl of working	16b. KIND OF BUSI	NESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden S			
BEC	AARON ISAAC	LEVINE			CHANZ	RICHEL SC	HWART7N	ANI	
0	19a. INFORMANT'S NAME (Type/Print)	The second second	19b. MAILIN	G ADDRESS (Street		Route Number, City or Town,			
	MR. ARNOLD PAZOR			LOXFORI	TERRACE		DD TNC N		
	1 Donation 5 Other (Specify)	oval from State of	cemetary, cremator				DAT	TIMORE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIG			22. NAME A SOL	LEVINSON	SSOC 9/29/9 OLITY I & BROS., II	NC.		
	23, PART K Enter the diseases, or c shock, or heart fellure. I			not enter the me	h aa cerdiec or reepir	atory arreat,	Approximete interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	CHF	ocar inte.					Onivet and Death	
		O ARC 1	NO M	A O	E LO	ING E	NG E		
RTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (	OF):	FFUS	ING E			
ENTER	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (						
L CE	PART ii. Other eignificent condition	a contributing to deeth i	but not resulting	in the underlying	g cause given in	Part i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS	
MEDIC	DM, CVA	ASCVI				1 TES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (CA	neck only one)			
	EXAMINER?  1   YES 2   NO	HOSPITAL:	patient 3 DOA	OTHER:		6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE		
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — A1 home, farm ecify)	, street, 1ectory, offi	Ge	28f. LOCATION (Street a City or Town, Stete)	nd Number or Ru	ral Route Number,	
COMPLET	(Crieck Orlly	R: On the bast of my know			-			se(a) and manner as stated.	
O BE (	296. SIGNATURE AND TITLE OF CERTIFIER	i (U)			29c. LICENSE NU	7333	▶ G	NED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WH	B(GH1	RAN	DALL.	HOWN	', MD	2113	73.	
	31. DATE PILED (Month, Dey, Year)	Julia Devidson-	Pandell						



	,
_	
0	
9	
~	
00	
68760,	
_	
BOX	
0	
$\circ$	
$\mathbf{a}$	
o.	
$\circ$	
۵.	
ц,	
- 05	
S	
=	
0	
×	
RECORDS,	
ш	
~	
OF VITAL	
d	
-	
_	
-	
LL	
$\overline{}$	
U	
-	
~	
0	
DIVISION	
CO	
~	
>	
0	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I			IE .	6610			
	1. DECEDENT'S NAME (First, Middle, Last)	MARY JANE J	IACKSON I	KISER-PE	DDICORD	- 1 -	19	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-24-9959	1414	yrs. last birthday) 4 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH		BIRTHPLACE (State or Foreign CWEST VIRGINIA			
NO.	90. FACILITY NAME (If not institution, give: UNION MEMORIAL HO		96. CITY, TOWN OR LOCATION OF DEATH BALITIMORE CITY				9c. COUNTY OF DEATN				
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MARY LAND  100. COUNT		10c. CIT	Y, TOWN OR LOCA		TTV		10d. INSIDE CITY VAMITS?			
	100. STREET AND NUMBER 4207 RAYMAR AVEN				f. ZIP CODE	206	10g. CITIZEI	1 Yes 2 1 NO N OF WHAT COUNTRY? USA			
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	If yes, sp	CENDENT OF HISPANI	IC ORIGIN? (Specify Yes	or No — 14	I. RACE — American Indian, Black, White, atc.			
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	16a. DECEOENT'S		S 2 NO Specify:	16b, KIND OF BU	SINESS/INDUS	Specify: WHITE			
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind at w	vork done during mo e retired.)	ost of working	Too. Kill Or Bo.	HOME	ini			
	17. FATNER'S NAME (First, Middle, Last)			WANEK		NE (First, Middle, Melden	Surneme)				
TO BE	LOUIS EDWARD JAC 190. INFORMANT'S NAME (Typo/Print) BRENDA REISINGER		196. MAILING	ADDRESS (Street of	and Number or Rural R	<u>IE LEE DOS</u> Oute Number, City or Tow ALTIMORE,	n State Zin Co	ÄND 21206			
	20e. METHOD OF DISPOSITION 1 D Burlet 2 N Cremetion 3 D Rem	20b. F	PLACE AND DATE O	F DISPOSITION (N	ame of	DATE 20c. LO	CATION — City	y or Town, State			
	4 Donation 5 Other (Specify) HILLTOP SERVICE CORP 9-27-91 TOWSON, MARYLAND  21. SIGNATURE OF FUNERAL SERVICE CORP 9-27-91										
	DUDA-RUCK FUNERAL HOME OF DUNDALK INC.										
	23. PAPIT I. Epter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence or):										
NO		b. End - Sta		-							
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR AS A C	Ronn	e fail	ure						
CERTI	that initiated events resulting in deeth) LAST	d	SONSEODENCE OF	<i>j</i> :							
MEDICAL	PART II. Other algnificent condition	e contributing to deeth but	t not resulting l	n the underlyin	g ceuse given in F	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE DF DEATH (Chec	ck only one)					
HASI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output			e 5 Residence 6						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO					ED			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	A1 home, farm, si	trae1, factory, offic		281. LOCATION (Street e City or Town, Stelle)	nd Number or F	Rural Route Number,			
OMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of exemination of	dge, death occurre	d at the time, date	end place, end due 1	o the cause(e) end man ime, date end piece, an	iner ee stated.	ouse(e) end menner es stated.			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUME			IGNED (Month, Day, Year)			
7	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)			7	26/41			

Union

MARCUCCI

32. REGISTRAR'S SIGNATURE

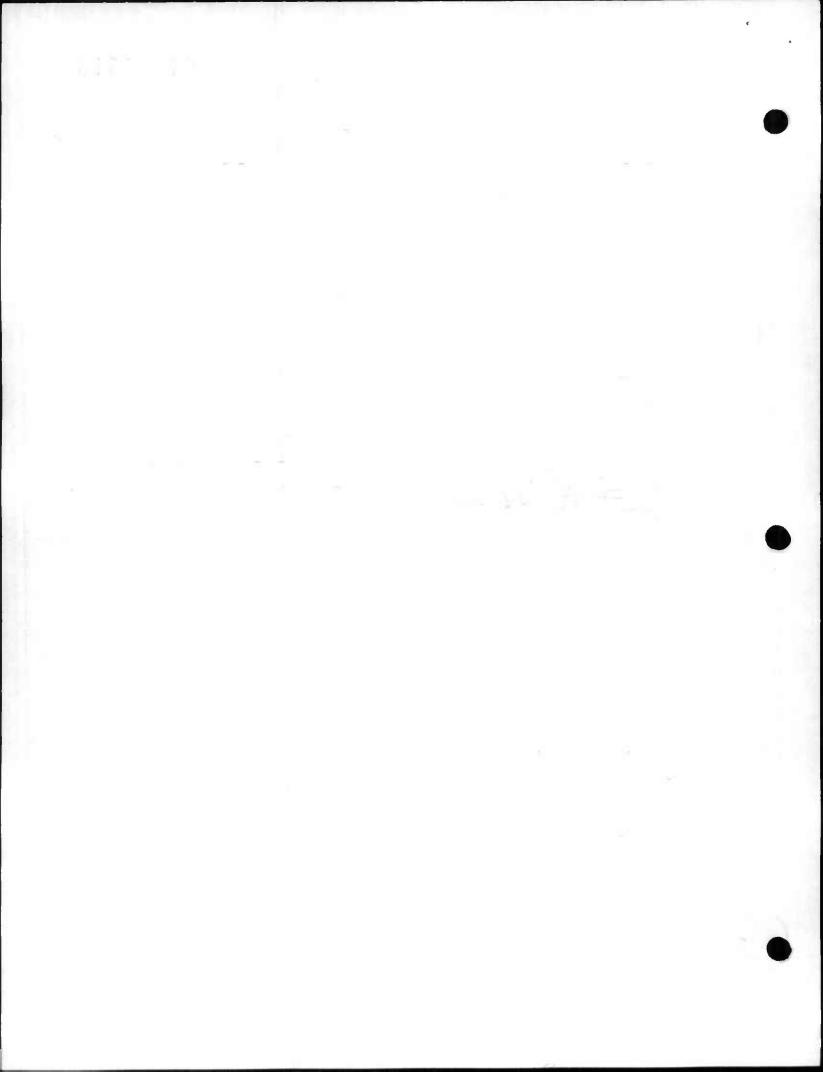
Hem in al

Hospital



CATHERINE

31. DATE FILED (Month, Day, Year)
OCT 0 1 1991



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

100

		ES QUIN			ĴŪŢŅ	N)		9	2	4 4		
	4. SOCIAL SECURITY NUMBER 151-30-3785	5. SEX	6. AGE (In yrs. Is 52		IF UNDER		UNDER 24 HRS.	(Mon	E OF BIRTH oth, Day, Year)			
TOR	9a. FACILITY NAME (If not institution,	HOSPITAL			9b. CITY	BALT	DOCATION OF DI	EATH	r.22,19	9c. COUN		
DIRECTO	10a, STATE 10b, C	BALTIMORE		10c. CITY,		NDALLS	STOWN					
VERAL	104. STREET AND NUMBER 9019 BRUNO RD					10f. ZIP	21133			10g. CITIZ		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	2 KNO If yee, specify Cuban, Maxican, Puerto Rican, atc.						or No-		
COMPLETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed)  College (1-4 or 5+)	(0	ECEDENT'S US Give kind of wor a. Do NOT use HOU	rk done	during most of	working	166	b. KIND OF BUS	SINESS/INOU		
ш	17. FATHER'S NAME (First, Middle, La NATHAN SCHNII					18.		ME (First,	Middle, Maiden	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) MR. WILLIAM M			9019 B					nber, City or Tow	n, Statu, Zip (		
	20s. METHOD OF DISPOSITION  1 Sourial 2 Gremation 3 G  4 Donation 5 Other (Specify)		20b. PLACE	AND DATE OF	DISPOS	PARE	9/27/	/91		CATION — C		
	Constitution of Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO											
	23 PART I. Enter the disease ahock, or heart fal IMMEDIATE CAUSE (Fine)	10	causad the de	eath. Do not	60	10 RE	STERSI	NWO]	RD. E	BALTO.		
CERTIFICATION	anoun, or nount tal	s. AS DUE TO (0) DUE TO (0) C. ZS	causad the de	OUENCE OF):  OUENCE OF):  CAR	60 t anter	10 REJ	STERSI	TOWN h as cen	RD. E	BALTO.		
CAL CERTIFI	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	s. ASU  DUE TO (O  C. OUE TO (O  d. SIttions contributing to de	Causad the die on each line  AST O US  OR AS A CONSE  CESTIV  OR AS A CONSE  CHEMICA  OR AS A CONSE	OUENCE OF):  OUENCE OF):  COAFOUENCE OF):	60 t anter	the mode of	STERST If dying, auci	POWN has cere	RD. E	AUTOPSY MED?		
: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the condition of the cause of the ca	Sor complications that dure. List only one cause as a second of the control of th	Causad the die on each line  1ST O US  OR AS A CONSE  CESTIVE  OR AS A CONSE  CHEMICA  OR AS A CONSE  ENTRY OR AS A CONSE  ENTRY OR AS A CONSE  ENTRY OR AS A CONSE  ENTRY OR AS A CONSE	OUENCE OF):  OUENCE OF):  CAF OUENCE OF):	60 t anter	the mode of the mo	STERST If dying, auci	Part I.	RD. E	AUTOPSY MED?		
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the cause of th	a. ASU DUE TO (O  d. SEPSIS  AL HOSPITAL: Dispensent 2 Ba. DATE OF IN (Month, Day.	Causad the die on each line  1ST O U  OR AS A CONSE  CESTIV  OR AS A CONSE  EN EN CONSE  EN CONSE  EN CONSE  EN CONSE	OUENCE OF):  CAR OUENCE OF):  CORR OUENCE OF):	600 t anter	the mode of the mo	STERSI If dying, auci	Part i.	RD. E diec or respi	AUTOPSY MED?		
TED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent composition in the condition of the cause of the condition of the cause of the ca	Sor complications that dure. List only one cause as a second of the control of th	Causad the die on each line  1ST O LI  OR AS A CONSE  CESTIVE  OR AS A CONSE  CHEMICA  OR AS A CONSE  OR AS A C	OUENCE OF):  CAR OUENCE OF):  COAR OUENCE OF):  Tesulting in  EA  DOA 4	2012 the united the un	the mode of the mo	STERSI If dying, auci	Part i.	RD. E diec or respi	AUTOPSY MEO? NO		
D BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST  PART II. Other significent conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigations investigations investigations investigations in the conditions investigations in the conditions in the conditions investigations investigations in the conditions investigations investigations in the conditions in the cond	Sor complications that dure. List only one cause as a second of the control of th	caused the die on each line  1ST O LL  OR AS A CONSE  CESTIV  OR AS A CONSE  CHEMIC  OR AS A CONSE  CHEMIC  OR AS A CONSE  CHEMIC  OR AS A CONSE  OR AS A CO	OUENCE OF):  CAR OUENCE OF):  COAR OUENCE OF):  Tesulting in  Zeb. TIME CAN INJUR  and Larm, streen	the unit the	TATIO  28. PLACE 1: Ing Home 5 28c. INJURY WORKY 1 YES Dry, office	STERSI If dying, auci	Part I.  Part I.  Sck only or  6 Other  26d. OES	PRD • Edilec or respi	AUTOPSY MED? NO  AUTOPSY MED? NO		

32. REGISTRAR'S SIGNATURE lia Savidson-Randell

CERTIFICATE OF DEATH

91 26611 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH 12.35 PM 24 8. BIRTHPLACE (State or Foreign Country) 1938 NEW YORK 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA Yes or No-14. BACE — American Indian, Black, White, etc. WHITE BUSINESS/INOUSTRY AT HOME len Surname) ECKER Town, State, Zip Code) MD 21133 LOCATION — City or Town, State SYKESVILLE, MD , INC. BALTO., MD 21215 piratory srrest, Approximete intarvai Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY ORMED? 2 NO 1 YES 2 NO W INJURY OCCURED t and Number or Rural Route Number, sanner as stated. and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) 24/91

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	<b>ICATE OF</b>	DEATH	REG. NO	O.		
	1. DECEDENT'S NAME (First, Middle, Lest) NELLIE SMITH	RETTALI	ATA			2. DATE OF DEATH		3. TIME OF DEATH 1158 M	
	217-22-9226	1 □ M 2 XX 8	(In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-24-05	6, BIR Cou	THPLACE (State or Foreign nitry) Tyland	
DIRECTOR	9a. FACILITY NAME (If not institution, give stre St. Agnes Hospita RESIDENCE OF DECEDENT			Baltime	OR LOCATION OF DE	НТА	9c. COUNTY OF	DEATH	
EC	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
L DIR	Maryland Balt	imore		atonsvi	lle			1 YES 2 XXX	
FUNERAL	715 Maiden Choice				1. ZIP CODE 21228		USA	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  XXXVIdowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	XXX No	13. WAS DEC If yes, sp 1 🗍 YES	ENDENT OF HISPAN ecity Cuben, Mexical ACCAMA Specify	IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	- Ole	CE — American Indian, lock, White, etc. White	
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION propleted)	16a. DECEDENT'S	USUAL OCCUPATION	DN	16b. KIND OF BU	JSINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mose retired.)	ist of working				
₽ B		4	Tea	cher		Bal	timore C	ity	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles E. Smith					ME (First, Middle, Malde	n Surname)		
BE	19s. INFORMANT'S NAME (Type/Print)	-				e Roddy			
2	Leo C. Rettaliata	Jr.				noute Number, City or To			
	20e, METHOD OF DISPOSITION	201	b. PLACE AND DATE	OF DISPOSITION /N	ame of		OCATION - City or	Town, State	
	4 Donation 8 Other (Specify)	N	lew Cathe	draa Cen	etery			Maryland	
	Dennis Stephen	KENN R.	M00640			житу Mitchell-	hell-Wiedefeld Home timore, Maryland 21212		
	23. PART I. Enter the diseases, or con	mplications that cause	d the deeth. Do r	not enter the mo	da of dying, auch	as cerdiac or reas	oiretory arrest.	Approximate	
	anock, of heart fellure. Lis	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS AS DUE TO (OR AS AS DUE TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	each line.					interval Between	
		DUE TO (OR AS	A CONSEQUENCE OF	F):	-0.000	00000	70.07		
5 N	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	n:	e				
CA	cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	<b>ግ</b> ፡					
2	PART ii. Other aignificant conditions	contributing to death I	out not resulting i	in the underlying	ceuse given in l	Pert I. 24s. WAS AI	ALITOPSY 24	b. WERE AUTOPSY FINDINGS	
EDICAL	Old Anteros	eptal 1	11			PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	Congestive	eptal 1	fee Cu	re		TES	2 6 NO	OF DEATH?  1 YES 2 NO	
PHYSICIAN:	Renal fee		l .			_			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
YSI	1 YES 2 NO 1	Inpatient 2 - ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED		
COMPLETED	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, a cify)	stres1, lectory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)			
7	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	riedge, death occurre	ed at the lime, date	and place, and due t	to the cause(s) and me	nner as stated.		
₩ O	one) 2 MEDICAL EXAMINER:							(s) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	elin i	. 1		29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)	
TO B	Kunding	May M			425K3825	9-787	▶ 9/2	6/91	
	30. NAME AND ADDRESS OF PERSON WHO			eton.	Ave.,	Bul to.		21229.	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	Daydon-Pa	ndesse	***				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH. 18 Bey 1/6

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

Approximete Interval Between

Onset and Deeth

2. DATE OF DEATH MONTH

9

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Dormang

William

1 -

1			FFIDIFI	a collin	z m	- ()						-1	-
		4. SOCIAL SECURITY NUM		5. SEX 8.	AGE (In yrs.		MONTHS DA	$\rightarrow$	HOURS MIH.	7. DATE O (Month,	Day, Year)		SIRTHPLACE (State or Foreign Country)
pino		212 -20 -63			70	,	9b. CITY. TO	WN OF	R LOCATION OF DE		-12-0	9c. COUNTY	OF DEATH
, 2, 3 should	TOR	Kes WI	ck	Home			Ba			d.		Ba	1to-City
Pages 1.	DIRECTOR	10a. STATE MD	10b. COUNT	Υ			nown or D Baltin						10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
多	FUNERAL	100. STREET AND NUMBER 5209 Spr		e Way				10f.	ZIP CODE 21212				OF WHAT COUNTRY?  J S A
fing physical the burns and	B	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive		12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAF	YES 2		If ye	s, spe	NDENT OF HISPAN city Cuban, Mexican 2 NO Specify	n, Puerto Ri		or No— 14.	RACE — American Indian, Black, White, stc. Spacify: White
the hospital or attending detached for use as the once.	ETED		CEDENT'S EDU by highest grade 0-12)		184.	DECEDENT'S (Give kind of w life. Do NOT us	rork done durin e retired.)	ng mos	t of working	1		acturi	
he hospita detached f once.	COMPLET			5+		Meta	llurg:	ist					
d by the horid be detact	BE CO		Rigby	McDorman						e Dar	niel I	ashie]	
e 5 should notified	10	Mrs. Pauli		McDorman					ke Way				21212
age 6 may be director, page er must be		20a. METHOD OF DISPOSIT  1 Buriel 2 Cremati  4 Donation 5 70th	an 2   Dam	noval from State	othe	r nienel			etery, crematory or ausoleum	1			or Town, State
after death. Page 6 may be retained by y the funeral director, page 5 should be moval. ical examiner must be notified at		21. BIGHATURE OF MUNEAU	AL SERVICE LI		and.	/	MI	LTC.	ADDRESS OF FA HELL-WIE York Ro	DEFE		ME, INC	
death cartificate be executed within 2—surs after attending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removerity, or other traumatic event, the medical riy, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the cahock, or it is a part of the cause of the cause of condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	ttions, ediete //ING ury	a. OUE TO (C	on each (OSC) PRASA COM	ISEQUENCE OF	Pr: Caro		wma				Interval Between Onset and Dec 4 days
law requires that the death as been signed by the atte bept, of Health and Mental 23 shows any Injury, (	MEDICAL	PART II. Other algnific	ant condition	- D.		ot reaulting			cause given in		24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
0 50	IAN:	25. WAS CASE REFERRED	TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only on	p)		
at at at	PHYSIC	EXAMINER?		HOSPITAL:	ER/Outpation	n 3 🗆 DOA	OTHER:	Home	e 5 □ Residence	8 🗆 Other	(Specify)		
土 清 年 6	ВУ РН	27. MANNER OF OEATH  1 Natural 5  2 Accident	Pending Investigation	28a. DATE OF II (Month, Day		28b. TIM	URY	WO	URY AT RK? res 2 \( \) NO	28d. DE\$	CRIBE HOW	INJURY OCCUP	MED
TTENDII TOR: A after de 28 is			Could not be determined	28e. PLACE OF building, e		t home, farm,	atreet, factory	, office		28f. LOCA City o	ATION (Street or Town, State	and Number or )	Rural Route Number,
TAL OR TAL DIR. 72 hour		onel only	Contract of the Contract of th	SICIAN: To the best of n									ause(s) and manner as stated
TO THE HOSPITAL TO THE FUNERAL IDE filed within 72 h	В С	29b. SIGNATURE AND TITL			10		-11_00000		29c. LICENSE NU				IGNED (Month, Day, Year)
THE THE POPULATION TH	TO BE	1/000	ph	wall	leu	MP			D.22:	334	•	1 30	D Sept 1991
		20. NAME AND ADDRESS	OF PERSON W	HO COMPUETED CAUSE	OF DEATH	(ITEM 27) (Type	, Print)						

32. REGISTRAR'S SIGNATURE

Turia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Rigby

91 26613

3. TIME OF DEATH

5:43

**DHMH-18 Rev 1/89** 

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate Interval Between **Onset and Death** 

20,646 M

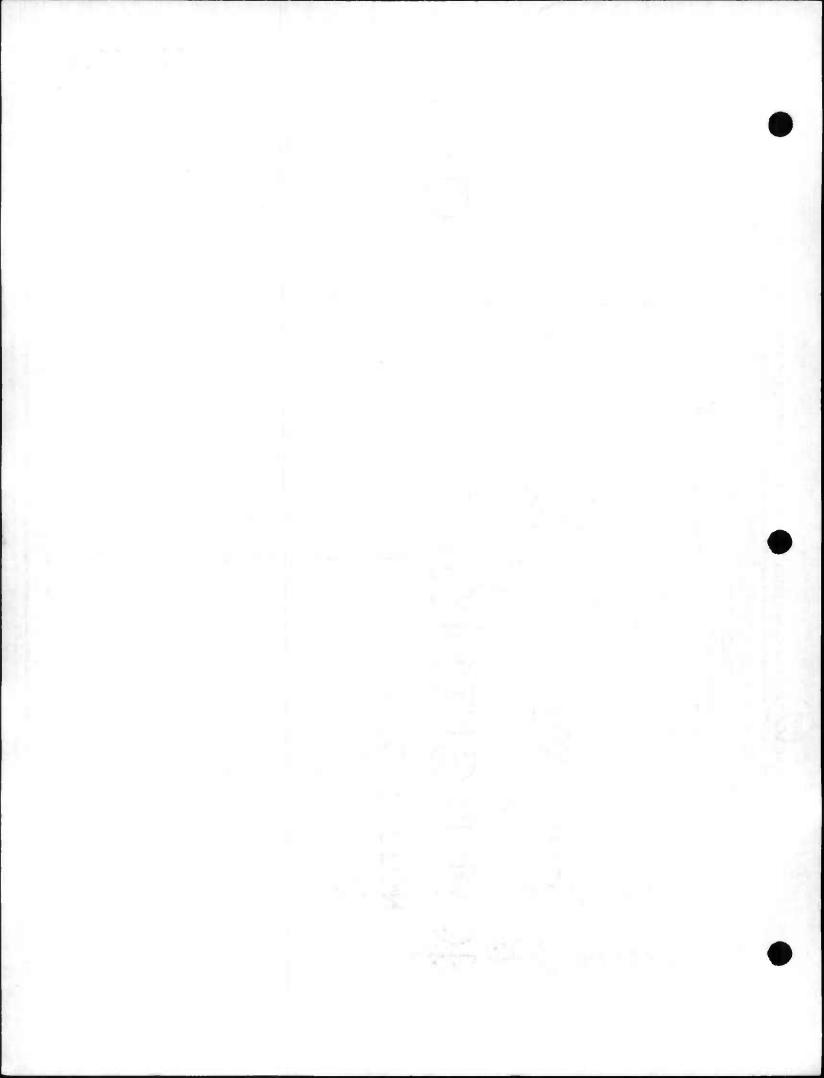
1 - FOR STATE REGISTRAR

68
×
BOX
P.0
Ś
문
ē
贮
1
2
OF VITA
L
VISION
S
<b>=</b>
٥

	0.1	D /	Fra	nk	Rock		MQN			YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX G. A	GE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS		pt. 27,	199	and the second	ACE (State or Fared)
- 3	216-01-5136	I ⊠ M 2 =	75		NTHS DAYS		(Month, Day, Year)		Country)	laryland	
	Se. FACILITY NAME (If not institution, give a		70	9b.	CITY, TOW	N OR LOCATION OF	MAMA_	y 29, 19		TY OF DEA	
5	Good Samaritan	Hospital	TO.			Baltimo	re C	ity			
UNECION	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c, CITY, TO	OWN OR LOC	CATION	-			10	Od, INSIDE CITY
	Maryland Ba	ltimore			Р	arkville				1	LIMITS?
2	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
L	1715 Wentwort	7					212			ted S	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 D I IF YES, GIVE WAR O	YES 2 N	10	13. WAS DECENDENT OF HI If yes, specify Cuben, Me 1 TES 2 X NO S			SPANIC ORIGIN? (Specify Yee xican, Puerto Rican, atc.) lecify:		or No- 14. RACE — American Ind Black, White, etc. Specify: Whit	
	15, DECEDENT'S EDU (Specify only highest grade		(G/	CEDENT'S USU	done during	TION most of working	1	66. KIND OF BUS	SINESS/INDU	STRY	
COMPLEICU	Elementary/Secondary (0-12)	College (1-4 or 5+)		Production				GMC			
	17. FATHER'S NAME (First, Middle, Last) Augusta		Rock				ther:	i, Middle, Melden		rybic	ck
10	19e. INFORMANT'S NAME (Type/Print)			b. MAILING AD	DRESS (Street	et end Number or Rui			m, State, Zip (	Code)	
2	Genevieve D.	Rock	1	1715	Wentw	orth Ave	nue	Baltim	ore,	Md.	21234
ı	20a. METHOD OF DISPOSITION 1 ⋈ Buriel 2 □ Cremation 3 □ Rem	noval from State		ANO OATE OF		ON (Name	0	ATE 20c. LO	CATION - C	ity or Town	n, State
	4 Donation 5 Other (Specify)		Gard		Faith			В	altim	ore	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	Milton	Knig	ht Jr.	22. NAME	AND ADDRESS OF	FACILITY	Baltim	ore,	Md.	21214
	Leonard J. Ruck, Inc. 5305 Harford Road  23. PART I. Enter the diseases, of complications that course the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate										
	ahock, or heart fellure.  IMMEDIATE CAUSE (Finel	Liet only one pause									Approximate Interval Betw Onset and De
		a. Due TO (OR b. Due TO (OR c.		OUENCE OF):		mode of dying, a					Interval Betw Onset and D
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEC	OUENCE OF):  DUENCE OF):	dref-	evil	cki	45	) (RN	24b. V	Interval Betw Onset and D
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST	b. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEC	OUENCE OF):  DUENCE OF):	dref-	evil	cki	24a. WAS AN	AUTOPSY RMED?	246. 4	Interval Betw Onset and D VIVEY VERE AUTOPSY FIND VANILABLE PRIOR TO DOMPLETION OF CAU DE DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST	b. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEC	OUENCE OF):  DUENCE OF):	dref-	evil	cki	24a. WAS AND PERFOI	AUTOPSY RMED?	246. 4	Interval Betw Onset and D Vrey VERE AUTOPSY FINDI WAILABLE PRIOR TO DOMPLETION DF CAUS
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions.	b. DUE TO (OR  DUE TO (OR  DUE TO (OR  d	AS A CONSEC	OUENCE OF):  DUENCE OF):  DUENCE OF):  resulting in t	d) of a	evil	IN Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	246. 4	Interval Betw Onset and D VIVEY VERE AUTOPSY FIND VANILABLE PRIOR TO DOMPLETION OF CAU DE DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other algnificent conditions	b. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEC AS A CONSEC AS A CONSEC ath but not r	OUENCE OF):  DUENCE OF):  resulting in t	the underly	/ing couse given	In Part I.	24a. WAS AN PERFO!	AUTOPSY RMED?	246. 4	Interval Betw Onset and D Vreg
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. JUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSEC	OUENCE OF):  DUENCE OF):  resulting in t	the underly  26  THER: Nursing H  DF  28c.	/ing ceuse given	In Part I.	24a. WAS AN PERFO!	I AUTOPSY RMED?	246. 4	VERE AUTOPSY FIND WERE AUTOPSY FIND WERE AUTOPSY FIND DOMPLETION DF CAU DF DEATH?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSECT AS A	OUENCE OF):  DUENCE OF):  Tesuiting in t  200 DOA 4  200 TIME O	26 Zec.	/ing ceuse given  PLACE OF DEATH  fome 5  Residen  INJUSY AT  WORK?  YES 2 NO	In Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MMED?  NO  INJURY OCC  and Number	246. W	VERE AUTOPSY FIND WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B. JUE TO (OR b. JUE TO (OR c. DUE TO (OR d	AS A CONSECT AS A	OUENCE OF):  DUENCE OF):  DUENCE OF):  resulting in t  DO DOA 4  20b. TIME O INJURY	the underly  26  THER: Nursing H  Nursing H  1 [ et, factory, o	Ving ceuse given  PLACE OF DEATH  Home 5 Residen  INJURY AT  VES 2 NO  office	In Part I.  (Check only to 8 0 0 28d. t. C.)	24a. WAS AN PERFOIL 1 YES 2  Ther (Specify)  DESCRIBE HOW OCATION (Street in) or Town, State,	I AUTOPSY RMED? NO INJURY OCC and Number of	24b. WARED  OF Aural Rooted.	VERE AUTOPSY FINDINGLABLE PRIOR TO COMPLETION DE CAUS  YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

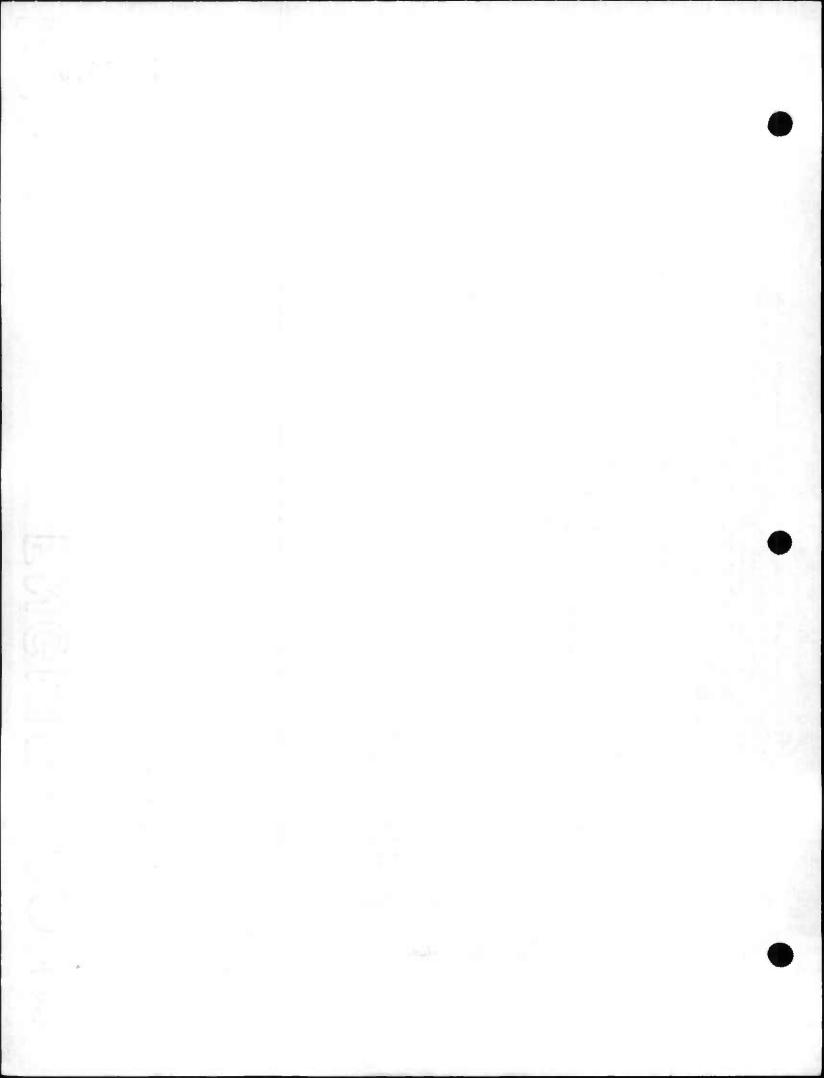


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DRATTENDING PHYSICIANY THE TAN SEQUIPES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

8. AGE (In yrs. 77 77 77 77 77 77 77 77 77 77 77 77 77	S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NOT US WAI	9b. CITY, 9b. CITY, Y, TOWN O BAL  13. V 13. V 15. V 17. TOWN O BAL  13. V 15. V 16. V 17. TOWN O BAL  13. V 16. V 17. TOWN O BAL  13. V 16. V 1	TYEAR DAYS TOWN OR BA OR LOCATION TIMOS  101. 2  109. 2  109. 2  CCUPATION CALIFORNIA  SS  SS  S(Street and CONTON	RE ZIP CODE 21215  NDENT OF NISPANITY Cuben, Mexica X NO Specify  Not working  18. MOTHER'S NA  d Number or Rural REST WAS  Name N 9/29  DADRESS OF EA  EVINSON REISTER	NIC ORIGIN? In, Puerto Ric Y:  166. K ANNA Route Number Y , APT DATE STOWN	BIRTH  Iny, Year)  12/1913  9c.  10g  Specify Yea or No.  INO OF BUSINES  FIELDS  IOIde, Malden Surna  BF  City or Town, Sta  C. A 4  20c. LOCATIC  BALTI  OS, INC.  RD. BA	COUNTY OF D  COUNTY OF D  CITIZEN OF V  USA  D— 14. RACE Blace Special Sylindustry  S PHARM  REEN  Te. Zip Code) BALTO  DM — City of Te  LMORE,	RYLAND  10d. INSIDE CITY LIMITS?  1 Ves 2 No VHAT COUNTRY?  E. American Indian, k, While, etc.  WHITE  MACY  MD 21208  WMD 21215  Approximata Interval Betwee
DECEDENT EVER IN U.S. ES? 1   YES 2 GIVE WAR OR DATES  1-4 or 5+)  State  20b, PLI of cema  One that caused the one cause on each  PARTER	Inc. CIT	9b. CITY.  9b. CITY.  Y, TOWN O BAL  13. V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWN OR BA	NOURS MIN.  RECATION OF DE ALTIMORI  ON RE  ZIP CODE  Z1215  NDENT OF NISPANISH OF WORKING  16. MOTNER'S NA  d Number of Rural  REST WAY  Name  N 9/29  ADDRESS OF EA	ME (First, Mic ANNA Route Number Y, API DATE STOWN	Specify Yea or No.  12/1913 9c.  10g Specify Yea or No. INO OF BUSINES  FIELDS Iddle, Melden Surna BF City or Town, Ste 1. A 4  20c. LOCATIC BALTI OS, INC. RD. BF	COUNTY OF D  COUNTY OF D  CITIZEN OF V  USA  D— 14. RACE Blace Special Sylindustry  S PHARM  REEN  Te. Zip Code) BALTO  DM — City of Te  LMORE,	RYLAND  10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY?  E—American Indian, K, White, etc.  WHITE  ACY  MD 21208  WMD 21215  Approximata Interval Between
DECEDENT EVER IN U.S. ES? 1  YeS 2  , GIVE WAR OR DATES  14 or 5+)  Starte  20b. PL of cema of cema one cause on each  PARTAW	S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NOT US WAI	USUAL OCOUNT done of referred of BRO  ADDRESS BRO  E OF OISPO  YOUN  225	PAR LOCATION TIMOR  101. 2  101. 2  101. 2  101. 2  102. 2  103. 2  104. 2  105. 2  105. 2  105. 3  10	ALTIMORE  ON  RE  ZIP CODE  21215  NDENT OF NISPANITY Cuben, Mexica  A working  16. MOTHER'S NA  MATTER WAS  Name  N 9/29  ADDRESS OF FA  REISTER	NIC ORIGIN? In, Puerto Ric In, Puerto Ric In ANNA Route Number Y, API DATE 91 CRITTY & BRO	Specify Yes or No an, etc.)  INO OF BUSINES  FIELDS  Idde, Melden Surns BF  City or Town, Ste 2 0c. LOCATIC BALTI  OS, INC.  RD. BA	CITIZEN OF V USA  D— 14. RACE Black Species SINDUSTRY  S PHARM TO  REEN  No. Zip Code) BALTO  DN — City of Te LMORE,	10d. INSIDE CITY LIMITS?  1 V YES 2 NO WHAT COUNTRY?  E — American Indian, White, etc.  WHITE  MACY  MD 21208  WM, State MD  MD 21215  Approximata Interval Between
Ons that caused the one cause on each	S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NO S. ARMED NOT US WAI	USUAL OCUPANT ADDRESS BROEF OF OISPO	WAS DECEMINATE AND COLOR OF METERS AND COLOR O	RE ZIP CODE 21215  NDENT OF NISPANITY Cuben, Mexica X NO Specify  Not working  18. MOTHER'S NA  d Number or Rural REST WAS  Name N 9/29  DADRESS OF EA  EVINSON REISTER	In, Puerto Ricky:  166. K  166. K  ANNA  Route Number  Y, API  DATE  91  CRUTTY  & BRO  STOWN	Specify Yes or Norman, etc.) INO OF BUSINES FIELDS IOIda, Malden Surna BF City or Town, Sta C. A 4  20c, LOCATIC BALTI OS, INC. RD. BA	USA  14. RACE Blace Special Sp	LIMITS?  1 YES 2 NO WHAT COUNTRY?  E.—American Indian, White, etc.  WHITE  MACY  MD 21208  WM, State MD  MD 21215  Approximata Interval Between
Ons that caused the one cause on each	DECEDENT'S (Give kind of ville. Do NOT us WAI 19b. MAILING 7205 ACE AND OATH LEBREW	USUAL OCUPANTA (Annual Constitution of the Con	was DECENTY yes, specify yes, specify yes, specify YES 2 CCUPATION during most SS  SS  S(Street and SS)  CCUPATION (F)  CCUPAT	21215  NDENT OF NISPAN INTO Specify  18. MOTNER'S NA  MREST WAY  Name  N 9/29, DADRESS OF EA  EVINSON  REISTER:	In, Puerto Ricky:  166. K  166. K  ANNA  Route Number  Y, API  DATE  91  CRUTTY  & BRO  STOWN	Specify Yes or Norman, etc.) INO OF BUSINES FIELDS IOIda, Malden Surna BF City or Town, Sta C. A 4  20c, LOCATIC BALTI OS, INC. RD. BA	USA  14. RACE Blace Special Sp	E—American Indian, k, white, etc. hy: WHITE  MACY  MD 21208  wm, State MD  MD 21215  Approximata Interval Between
Ons that caused the one cause on each	DECEDENT'S (Give kind of ville. Do NOT us WAI 19b. MAILING 7205 ACE AND OATH LEBREW	USUAL OCUPANTA (Annual Constitution of the Con	CCUPATION of VES 2 CCUPATION of	16. MOTNER'S NA d Number or Rural REST WAS Name N 9/29 DADDRESS OF EA	In, Puerto Ricky:  166. K  166. K  ANNA  Route Number  Y, API  DATE  91  CRUTTY  & BRO  STOWN	FIELDS FIELDS Golde, Melden Surne BF City or Town, Stee 2	S/INDUSTRY  S PHARM  REEN  10. ALTO. /	MD 21215  Approximata Interval Between
State 20b. PLJ of cements ons that caused the one cause on each PARTER	(Ghe kind of ville. Do NOT us.  WAI  19b. MAILING 7205  ACE ANO OATE NEEDREW  a deeth. Do rillne.	ADDRESS BRO E OF OISPUT  22S 6	SS S (Street and OOK CI OSITION (P) (G2) MEI	18. MOTHER'S NA d Number or Rural REST WAY Name N 9/29 DADDRESS OF EA	ANNA Route Number Y, APT DATE 91 WRITTY & BRO	FIELDS  Idle, Melden Surne BF  City or Town, Site  A 4  20c. LOCATIC BALTI  OS, INC.  RD. BA	PHARM REEN  To Code)  BALTO  ON — City or Te  LMORE,	MD 21215  Approximata Interval Between
ons that caused the one cause on each	19b. MAILING 7205 ACE ANO OATH NEEDREW	ADDRESS BRO E OF OISPO YOUN  22 S	S (Street and OOK CI OSITION (PGE) MEI	d Number of Rural REST WAY Name N 9/29, EVINSON REISTER	ANNA Route Number Y, APT DATE /91 NOTITY BROWN	Citie, Melden Surne BF City or Town, Ste A 4  20c. LOCATIC BALTI OS, INC. RD. BA	REEN to, Zip Code) BALTO ON — City or to	MD 21208  MD 21215  Approximata Interval Between
ons that caused the one cause on each	7205 ACE AND OATH	BRO FOF OISPO YOUN 22'S	OK CI osition (I G <sup>e)</sup> MEI NAME AND SOLO I	REST WAY Name N 9/29, EVINSON REISTER	Poute Number Y, API DATE /91 WELLTY BRO	City or Town, Site  A 4  20c. LOCATIC BALTI  OS, INC.  RD. BA	BALTO BALTO BALTO BALTO BALTO BALTO BALTO BALTO BALTO	MD 21215  Approximata Interval Between
ons that caused the one cause on each	a deeth. Do r	<b>YOUN</b> 2225 6	G MEI	N 9/29, EVINSON REISTER:	/91 & BRO STOWN	BALTI S,INC. RD. BA	MORE,	MD 21215 Approximata Interval Between
PAEur	line.	6	010	REISTER	STOWN	RD. BA		Approximata Interval Between
PAEur	line.							Approximata Interval Between
DUE TO (OR AS A CON	NSEQUENCE O	F):					\	Onset and Dea
DUE TO (OR AS A CON						5	1	
uting to death but n	not reaulting	in tha un	nderlying	cause given in		PERFORMED	7	D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  t  YES 2 NO
TAL		OTHE		ACE OF DEATH (C)	heck only one)			
DATE OF INJURY	28b. TIN	4 D Nun	sing Nome 28c. INJU	JRY AT			Y OCCURED	
PLACE OF INJURY — A		М	1 YE	RK?			umber or Rural	Route Number,
e best of my knowledge					e to the caus	e(e) and menner		
D. Um	(ITEM 27) (Typo	). Print)		29c. LICENSE NU	37	290		e) end manner as stated.  D (Month, Day, Year)
	FAL: lent 2 ER/Outpatie DATE OF INJURY Morth, Day, Year) PLACE OF INJURY building, etc. (Specify) e best of my knowledgasis of examination er	TAL:    CAL:	TAL: lent 2 ER/Outpatient 3 DOA 4 Nur DATE OF INJURY Month, Day, Year)  PLACE OF INJURY — At home, farm, street, fac building, etc. (Specify)  be best of my knowledge, death occurred at the tasks of examination end/or investigation, in my of	TAL:    Cother:   28. PL   28. INJECT   29. INJEC	TAL:  26. PLACE OF DEATN (CITEM ST) (Titos, Print)  26. PLACE OF DEATN (CITEM ST) (Titos, Print)  26. PLACE OF DEATN (CITEM ST) (Citos, Print)  26. PLACE OF DEATN (CITEM ST) (Citos, Print)	Iting to death but not resulting in the underlying cause given in Part i.  28. PLACE OF DEATN (Check only one)  28. PLACE	TAL:  28. PLACE OF DEATN (Check only one)  1 YES 2 N  28. PLACE OF DEATN (Check only one)  TAL:  28. PLACE OF DEATN (Check only one)  28. IMJURY AT  WORK?  1 YES 2 NO  28. INJURY AT  WORK?  1 YES 2 NO  28. INJURY AT  WORK?  1 YES 2 NO  28. LOCATION (Street and N  City or Town, State)  29. LICENSE NUMBER	28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)  TAL:  1 YES 2 NO  28. PLACE OF DEATN (Check only one)  TAL:  28. PLACE OF DEATN (Check only one)  29. PLACE OF DEATN (Check only



	the	det		ĕ
	6	2	)	at a
	ined	pino		fled
	reta	5.5	1	noti
	y be	ane		e
	ma)	or o		ust
	9 96	rect		E
	50	ral d		ine
	death	fune		жаш
	TO THE HOSPITAL OR ATTEMPTED FOR A PAGE 18 AND THE LAW IS THE LAW GRAIN CANTIFICATE AND A PAGE 18 THE STATEMENT OF THE LAW OF THE LA	TO THE FUNERAL DIRECTORY Memory ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	Oval	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
	S	À	rem	dic
١	Doc	led i	, 0,	E
,	n 24	ly fill	ation	the
	MEH	plete	rem	ent,
	ted	Com	ial, c	5
	хесп	and	ğ	natic
	90	cian	or to	BUT
	cate	hysic	e pri	or tr
	ertifi	d Bu	gien	oth
	th c	tendi	II Hy	6
	dea	e at	Aenta	Ę,
	ff the	Dy th	nd A	E
	s tha	Ded	tth a	am)
	nire	Sigi	Hea	3MC
	v req	been	1. 01	Sh
	E IZW	has	Dep	23
	Ē	ate	state	tem
	Š.	ě	S	ě
į	ø	ű	13	13
ı	Ġ	4	1	赔
1	Š,	3	90	3
	E	TOP	aff	28
	JR A	IREC	SINC	E
	AL C	10	2 he	If H
	SPIT	NER!	hin 7	=======================================
	유	FU	WIL	MA
	王	H	filed	2
	2	2	8	E

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	IT OF	HEALTH AN	D MEN		IE.	266	16		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEATH	2.0	ATE OF DEATH	).	1	. TIME OF DEATH		
	ELEANOR CULB	ERT SUMM	ERS					MA		MY .	YEAR 91	. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 152-16-5579	5. SEX	6. AGE (In yrs. Is	st birthday) YRS.	IF UND	ER 1 YEAR	IF UNDER 24 HR	(A)	ATE OF BIRTH fonth, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign		
	96. FACILITY NAME (If not institution, give a		87	9b. CITY, TOWN OR LOCATION OF					5-19-04	NEW NTY OF DEA	Jersey			
DIRECTOR	G.B.M.C.	Tool and Humbery		Towson						ore				
Ä	10s. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION			Od. INSIDE CITY				
	Maryland Balt	imore			Tows	son						LIMITS?		
FUNERAL	100. STREET AND NUMBER 615 Chestn	ut Ave				10	H. ZIP CODE 21204					AT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES 24	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific No. 1)  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specific No. 1)  16. Yes 2 No. Specify:						Yes or No.— 14. RACE — American India				
ED	15, DECEDENT'S EDU	CATION	16s. D	ECEDENT'S	USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY							<u> </u>		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	50		work done	during m	ost of working		TOD. KIND OF BU	3111233/11112	OSIAI			
APL	7 yrs Bookkeeper Bookkeeper									r				
SO	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Meiden Surname)							
ш	William H. Cu									ickinson				
TO B	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)													
-	Pickersgill Home			615 C	hest	tnut	Ave. To	owsor	n, Md. 2	21204				
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE cemetery-cr H1 II					1 -		VSON,	City or Town	, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Ruck Towson Funeral Home, Inc.													
	23. PART I. Enter the diseases, or o	omplications the	t caused the d	eath Do	راب	050	York Ro	Tr	owson. N	1d. 2	1204			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srreat, shock, or heart failure. List only one cause on each line.											Approximats Interval Between Onset and Dasth		
	resulting in death)	RESI	PIRATO	20	F	MU	N275					270)		
			(OR AS A CONSE						-					
NO N	Sequantially list conditiona,	. CON	OR AS A CONSE	30	145	100g	- FAIL	ru,				9 MONTE		
A	If sny, leading to immediate cause, Enter UNDERLYING		UTIC S									YRI		
CERTIFICATION	CAUSE (Disease or injury that initiated events		(OR AS A CONSE			7						-616.2		
F	resulting in death) LAST											į		
_	DADT II Other classificant and the											<u> </u>		
PHYSICIAN: MEDICAL	PART II. Other significant condition	contributing to	death but not	rasuiting i	in tha u	nderlyin	g causa given	in Part i.	24e. WAS AN PERFOR			ERE AUTOPSY FINDINGS WILABLE PRIOR TO		
ă									1 TYES 2	ON	CC	OMPLETION OF CAUSE DEATH?		
M											1	YES 2 NO		
Z														
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH	Check only	one)					
ΥS	1 VES 2 NO		ER/Outpatient 3		4 🗆 Nu		e 5 🗆 Residend	e 6 🗆 O	ther (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	26s. DATE OF (Month, D.	INJURY ay, Year)	28b. TIM	URY	WO	URY AT ORK?	28d, (	DESCRIBE HOW I	NJURY OCC	URED			
B	2 Accident Investigation M 1 YES 2													
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route No. City or Town, State)										e Number,			
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, dets and piecs, and due to the cause(s) and manner as stated.													
MO	one) 2 MEDICAL EXAMINER	t: On the basis of a	amination end/or	Investigatio	n, In my	optnion, d	leath occured at 1	he time, d	ate and place, en	d due to the	cause(e) er	d manner se stated.		
	296. SIGNATURE AND TITLE OF CERTIFIED						29c. LICENSE N							
296. SIGNATURE AND TITLE OF CERTIFIED  296. LICENSE NUMBE  DZ 30							A DISTRICT OF THE PARTY OF THE							
E 1	311 WANE AND ADDRESS OF DEPROM WILL	4010101000		-					1		.12			

Dr. 31. DATE FILEO (Month, Day, Year)

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G.B.M.C.

Edward Koga M.D.

BALTIMORE, MARYLAND 21215-0020

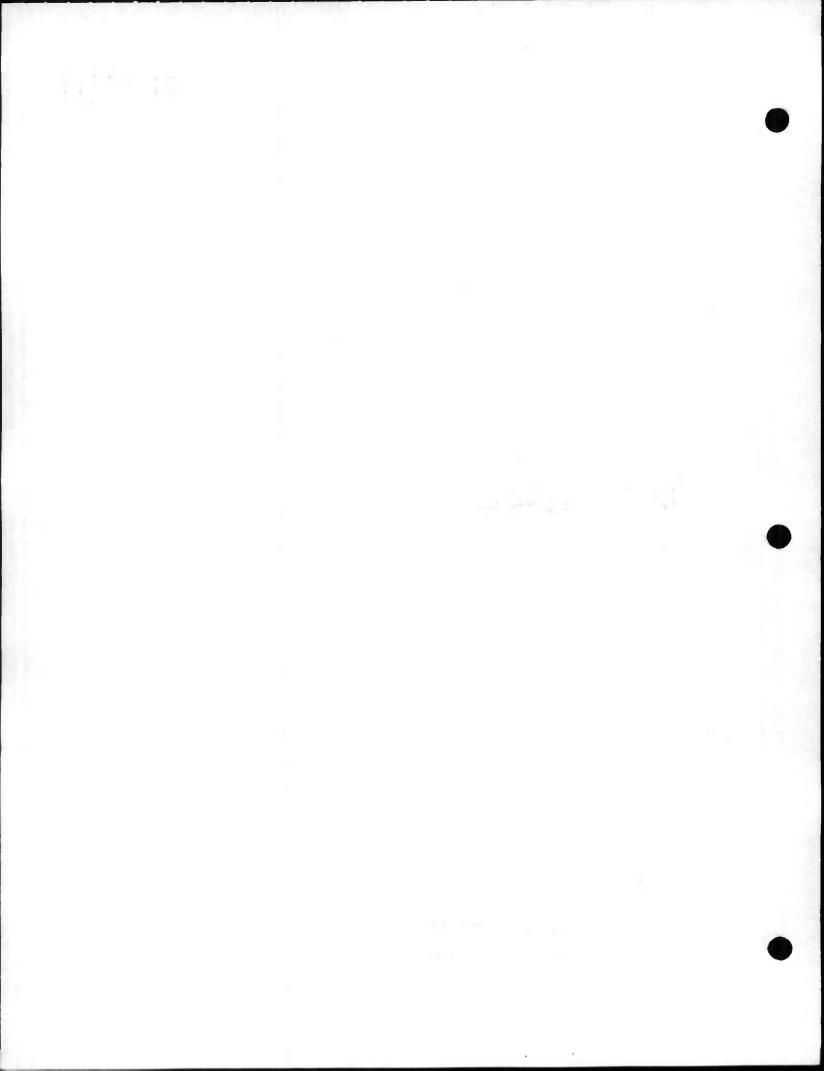
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitited at once.
---	--	--

FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF	HEALTH A	ND MENTA	AL HYGIEN	1 6 E	26617		
1. DECEDENT'S HAME (First, Middle, Last)	SMI	TH			2. DAT	E OF DEATH	3	YEAR 4 4	АТН	
4. SOCIAL SECURITY HUMBER 118 20 1792	5. SEX 6. A	GE (In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	(Mon	(Month, Day, Year) Country)				
9e. FACILITY NAME (If not institution, give s		/O THS.	9b. CITY, TOWN	OR LOCATION		15-13	North Carol	ina		
Liberty Medical				Baltimo		9c. COUNTY OF DEATH				
RESIDENCE OF DECEDENT										
MD 100. STATE	na	10c. Cl	Baltimo				10d. INSIDE CI LIMITS? 1X YES 2			
10e. STREET AHD NUMBER			10	1. ZIP CODE			EN OF WHAT COUNTRY?			
	d Park Lake	Drive		21217	7	USA				
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Ho— If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 1 YES 2 HO Specify:  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Ho— Black, WI Specify:							
15. DECEDENT'S EDUC	CATION					Bl.			ck	
(Specify only highest grade		(Give kind of life. Do NOT u	USUAL OCCUPATE work done during ma se retired.)	ON ost of working	16	b. KIHD OF BU	SIHESS/IHDL	USTRY		
17. FATHER'S HAME (First, Middle, Last)				18. MOTHER	'S HAME (First,	Middle, Meiden				
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
Dolly Peterson	step da		ADDRESS (Street	and Number or	own, State, Zip Code)					
20e. METHOD OF DISPOSITION  1  Burlei 2  Cremetion 3  Rem. 4  Donation 5  Other (Specify) 1.11	oval from State	OF DISPOSITION (No	DAT	7E 20c. LC	CATION — C	City or Town, State				
PART I. Enter the diseases, or of ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ca	ised the death. Do in each line.	ne A	/	, auch aa car	dlac or reap	iratory arre	at, Approximinterval E Onset an	Betwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		AS A COHSEQUENCE O								
PART II. Other aignificant conditions	contributing to deat	h but not resulting	In the underlyin	g cause give	n in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1  YES 2	CAUSE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	ACE OF DEAT	H (Check only or	ne)				
1 □ YES ₺ HO	HOSPITAL:	Outpatient 3 DOA	OTHER:							
27. MAHHER OF DEATH  1 Hetural 5 Pending 2 Accident Investigation	28e. DATE OF IHJUF (Month, Day, Yea		E OF 28c. INJ		28d. DE	SCRIBE HOW I	HJURY OCCU	JRED		
26- BLACE OF MILIDY ASSOCIATION										
281. LOCATION (Street and Number or Rural Route Numb  Location of the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and menner ee stated.										
296. SIGNATURE AND TITLE OF CERTIFIER	1		,, ., .,	29c. LICEHSE		one piace, an		SIGHED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	100	19		1	RG		

Julia Davidson-Randall

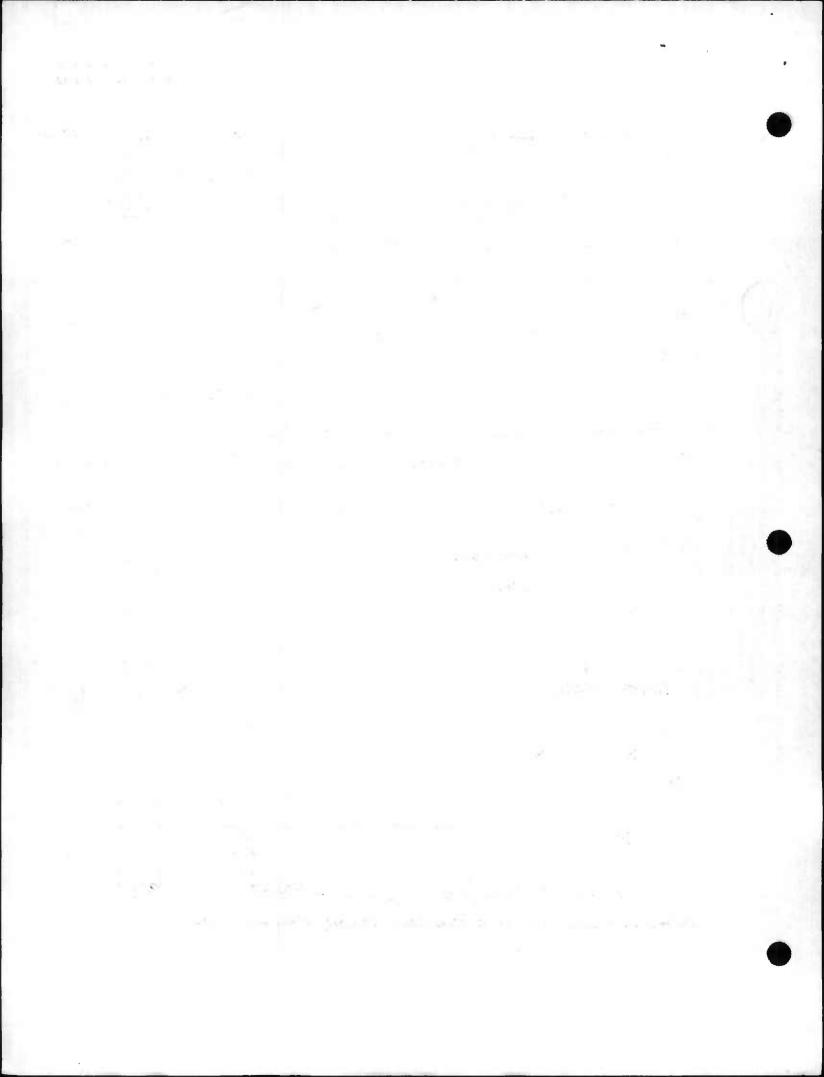
31. DATE FILED (Month, Day, Year)
OCT 1 1991



BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGI		20018				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	MARGARET SC	HUCHHARDT				MONTH 9		YEAR 12:05 Am				
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	BIRTHPLACE (State or Foreign				
	21222 3814	1 □ M 2 1 1 5 5	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year		Country)				
	9a. FACILITY NAME (If not Institution, give st	treet end number)	`	9b. CITY, TOWN	OR LOCATION OF D	11.00		Y OF DEATH				
PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	ST JOSEPH RESIDENCE OF DECEDENT	HOSP.TAL		Tou	USON	*	Bo	eff. more				
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
	MARYLAND BAL	limors	_ Mi	ools K	IVER			1 TES 2 NO				
AL	10e. STREET AND NUMBER	· 0		10	1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
E	917 COLO S	PRING KOP	O		21220		0	-S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify an, Puarto Rican, etc.)		4. RACE — American Indian, Black, White, etc.				
	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specif			Specify:				
								STIKE				
E	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	Work done during me		16b. KIND OF	BUSINESS/INDUS	STRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT u	- 1								
₽	8 4KZ		Ai	Homs								
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Mai	den Surname)	^				
38	HORRIS G	- 17772U	_		150	IH JA	US KS	inh				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip C	Code)				
	LAWITA IG	COROS	2	AMS 1	JA 26	OVS						
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo			E OF DISPOSITION or other place)	(Name	DATE 20c	LOCATION — CH	ty or Town, Stata				
	4 Donatton 5 Other (Specify) PARKINOGO ISMSTERY I SI MARKVILLE MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  S. MANS CHAPLOF DEMORIES  23. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Marke of So	Cones		880		FORD RO	an - Pa	akvine				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,											
	shock, or heart feilure. List only one cause on each line.  Interval Between Onset and Death											
	disease or condition	1.50						Oliset and Death				
1	resulting in deeth)	BUE TO (OR AS A	CONSEQUENCE O	NE).								
-		COPD		. ,				j				
ō	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	NF):								
X	cause. Enter UNDERLYING											
Ē	CAUSE (Disease Dr injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	NF):								
R	resulting in deeth) LAST	d.										
-	PART II. Other aignificent condition		it not resulting	in the underlying	ig ceuse given in	Part I. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
8	DIABETES MELLITIS					1 🗆 YE	S 2 NO	OF DEATH?				
₩.								1 TYES 2 NO				
ż												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			LACE OF DEATH (C	heck only one)						
Si	1 TES 2 NO	1 Inpatient 2 ER/Outpa	Itlant 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)						
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCU	JRED				
BY	1 Netural 5 Pending 2 Accident investigation	(,,,,			YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Speck	At home, farm,	street, factory, offi	ca	28f, LOCATION (Str City or Town, S	eet end Number o	r Rural Route Number,				
	4 Homicide determined		**			ony or rown, o	10107					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	dge, death occur	red at the time, dat	e end place, and du	e to the cause(s) and	manner as stated	d.				
<u> </u>	need .							cause(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE	R O			29c. LICENSE NU	MAFR	29d DATE	SIONED (Month, Day, Year)				
BE	Milan	14.1			124050	47	1 91	/21/91				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	a, Print)	0 1007	- /	11	-0/11				
	MICHAEL D. PRESSER, 1	mn 7672 Va	er Pron	TALLER	MADE	AND 2/20	4					
	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S SIGNA	TURE	1 10000	, · MAYC	ANU UU						
	OCT 1 1991	Lucia Karis	80									
_	1001		- nundans									



DIVISION OF THE COMPS, F.O. BOX 60/60, BALLIMORE, MARYLAND 21215-0020	SALI MORE, MARTLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MENDATANT. 48 Notes after useant with the plate beby, of neather and mental hygiene prof to burial, cremation, of removal,	
IMPORTANT. II ITEM 26 IS MATRED, OF HEM 23 SHOWS ANY HIGHLY, OF OTHER INDUMATIC EVENT, THE MEDICAL EXAMINET MUST DE NOTITIED AT ONCE.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

•									9	1 6	6619	
,	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR	RTMENT	OF HEALTI	AND I	MENTAL HYGIE				
1 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			. TIME OF DEATH	
	ERNEST AUGUST A	LBERT	SCHRETRI	ER				09 28	DAY 1	YEAR 991	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH		110	LACE (State or Foreign	
1 8	212-09-6131	1 🖔 M 2 🗆 F	7.6	YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year)		Country)		
		treat and number	/6		01 01711		1	06 26	1915			
a		stroot and number)				TOWN OR LOCA	TION OF DE	ATH	9c. COU	NTY OF DEA	ATH	
1. DECEDENT'S NAME (First, Middle, Last)					Glen	Burnie				Anne	Arundel	
E C		Y		10c. CIT	Y. TOWN OR	LOCATION				Od. INSIDE CITY		
1 %	MD ANNE	ADUNDET		OI E	M DID	NTD				LIMITS?		
	12212123	AKUNDEL		GLE.	N BUR					YES 2 X NO		
A A						101. ZIP CO	DE		U.S.A.			
岁	III Summit Ave.					2106						
5		12. WAS DECEDED	T EVER IN U.S. A	RMED NO	13. W	AS DECENDENT	OF HISPAN	IIC ORIGIN? (Specify	14. RACE -	- American Indian, White, atc.		
≥						YES 2 X NO			Specify:	city:		
	WW II										WHITE	
	(Specify only highest grade	completed)	0	Give kind of s	work done du	CUPATION ring most of work	ting	16b. KIND OF I	USINESS/INI	DUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5	+)	n. Do NOT us	se retired.)							
₹		The state of the s										
181	17. FATHER'S NAME (First, Middle, Last)	TO MOTHER S NAME (First, MICOR, Malden SUmanne)										
l w		BER				ANN	NIE A	. TYSON				
	19a. INFORMANT'S NAME (Type/Print)		15	9b. MAILING	ADDRESS (	Street and Numb	er or Rural F	Route Number, City or 1	own, State, Zip	Code)		
F	Mrs.Phrocine B.Sc	hreiber	]	111 St	ummit	Ave.	Glen	Burnie,	MD 2	1060		
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of Town, State											
	1 1 X Burial 2 Cremation 3 Removal from State Complexy cremation or other place											
	21. SIGNATURE OF FUNERAL SERVICE LIN											
	+ 98 dl	9/	1-					ERAL HOME				
	ILIX Wing	top	hur		1	SECOND	AVE.	S.W. Glen	Burn	ie, M	D 21061	
	ehock, or heert fellure.	or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreet,										
	IMMEDIATE CAUSE (Finel					. 1	1				Interval Between Onset and Death	
1 1		·CG	rem	Ma	Y							
	The state of the s	DUE TO	(OR AS A CONSE	OUENCE OF	F):				110/1			
z		h.				0					1 0	
일		DUE TO	(OR AS A CONSE	OUENCE OF	F):						+	
8	cause. Enter UNDERLYING	•									1	
		OUE TO	(OR AS A CONSE	OUENCE OF	F):						+	
듄	resulting in death) LAST	d										
2												
A	PART II. Other algnificent condition	e contributing to	death but not	reculting i	in the und	erlying ceuse	given in	Part I. 24a. WAS /	N AUTOPSY		ERE AUTOPSY FINDINGS	
용								1 YES		C	OMPLETION OF CAUSE	
W											F DEATH?	
								-		- 1 '	_ 123 2 _ NO	
₹	25. WAS CASE REFERRED TO MEDICAL											
SS	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outpetlant	- DOA	OTHER:	26. PLACE OF	1					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		285. TIM		8c. INJURY AT	lasidence	8 Other (Specify)				
	1 Natural 5 Pending	(Month, E	lay, Year)		URY M	WORK?	700	28d. DESCRIBE HOV	OCO YRULMI	CURED		
B	2 Accident Investigation	20. 01.000	F MINIMUM			1 YES 2	_ NO					
8	3 Suicide 8 Could not be determined	zea. PLACE C building,	F INJURY — At he atc. (Specify)	oma, farm, s	street, fector	y, office		28f. LOCATION (Street City or Town, Ste	t and Number	or Rural Rou	te Number,	
E I								,				
<u> </u>	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of	and beautiful at a st									

29b. SIGNATURE AND TITLE OF CERTIFIER

AND AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Rani Karitineni
31. DATE FILED (Month, Day, Your)
OCT 1 1991 July

geni 337 Hospital Drive Glen Burnie, MD

Jaz. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle 21061

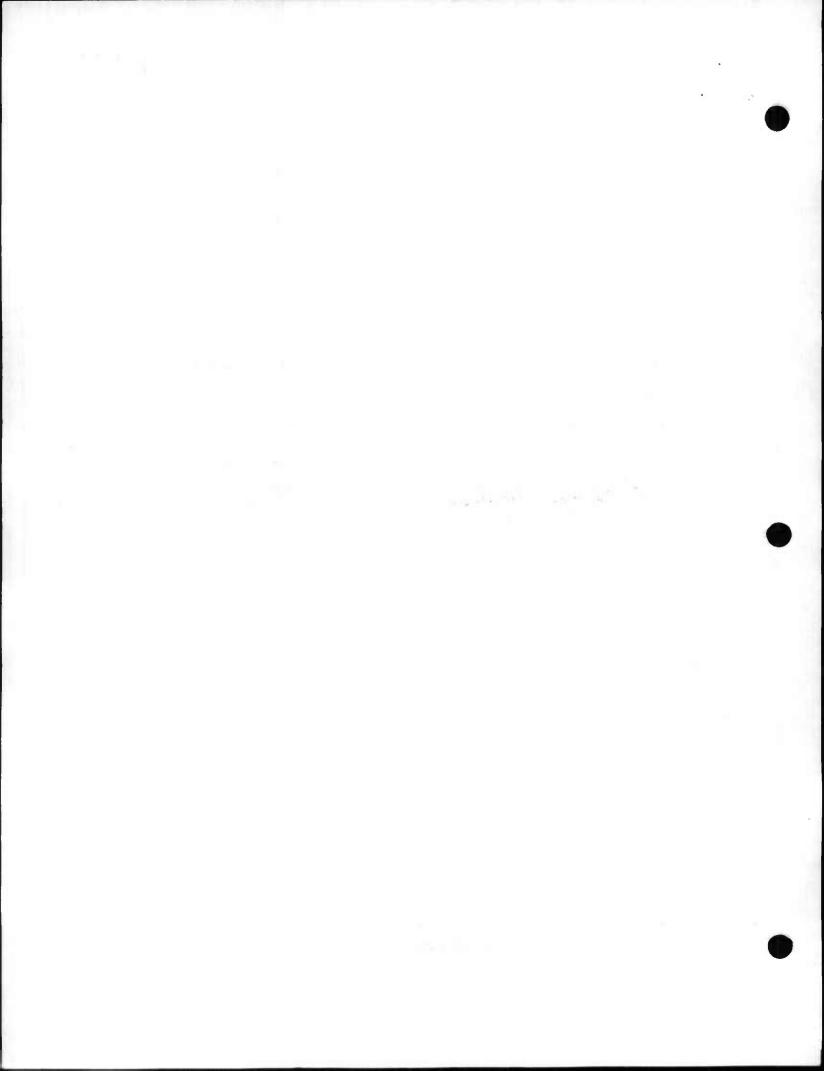
3

0

2 MEDICAL EXAMINER: On the beels of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to

9

29d. OATE SIGNEO (Month Day, Year)



TO THE STATE NOTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RALL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MONINEE II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item6,18,Film	n686,4/	31/92,	l t							9		266	20	
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND N H	MENTAL	HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	OF DEATH			3. TIME OF OE	ATH	
	ROBERT SIMON								09	22	1991	YEAR	2.15	, ,	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	historia el	IF UNDER	4 VEAR	IF UNDER 2	A LUDE	7. DATE 0		1991		2:15	A m	
					MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	_	Count	ry)		
	216-10-0660	1 X M 2 - F	73 <b>83</b> -	YRS.	YRS.					16/191	.7		MARYLA	ND	
	9a. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF OEATH				
8	THE JOHNS HOPK	INS HOSE	PITAL	BALTIMORE											
E I	RESIDENCE OF DECEDENT														
DIRECTOR	MARYLAND 106. COUNTY	BALTIMO	RE	10c. CIT		BALTIMORE					10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 2 PEACHTREE CT.					101.	ZIP CODE	1208	3		10g. CIT	USA	WHAT COUNTRY		
	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES?	NT EVER IN U.S. ARI	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:						or No— 14. RACE — American Indian, Black, White, atc. Specify:			dian,	
B	3 Widowed 4 Divorced	WWII	THE OWNER OF THE OWNER				XIII	ороску				- Opec	WHIT	Đ	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  MERCHANT  16. MOTHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										KIND OF BUS	INESS/IN	DUSTRY			
										HA	ARDWA	ARE			
8	17. FATHER'S NAME (First, Middle, Last)						16 MOTH	ER'S NAI	ME (First, M	idda Maiden					
	TOSEDH SIMONI	rage	ATDE	. (	OF DE	FDC									
JOSEPH SIMON  JOSEPH SIMON  19a. INFORMANT'S NAME (Type/Print)  MRS. RONA SIMON  2 PEACH TREE CT. BALTIMORE, MD 2120															
	28. METHOD OF DISPOSITION		20b. PLACE		111				TINO	_	_		own, State		
	1 Burial 2 Cremetion 3 Ramo	val from State	other pla	ice)					HEDD					. 1	
	4 Donetion 5 Other (Specify)	NSEE	MOSES	MON.	LEE.IC	RE V	D ADDRES	OOR EA	HEBR	EW 9/4	25/9]	BA	ALTO.,M	<u> </u>	
	- 1 1	1 1	10		1					BROS.	INC.				
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215														
	23. PART I. Edge the disease, promplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												Approxi		
- 1	IMMEDIATE CAUSE (Finel	list bnly bne ca	nse du eecu liue	•										Between nd Death	
	disease or condition	,	profumed	1 sec	2575								1 48 h	ours	
	resulting in deeth)		O (OR AS A CONSEC												
_		end	Stage	homi	ah cam	(	high	an	on de	1			194	lan	
ō	Sequentially list conditions,	DUE TO	OR AS A CONSEC	DUENCE C	F):		1		00.0						
AT	If eny, leeding to immediate cause. Enter UNDERLYING														
윤	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	DUENCE C	OF):										
RTIFICATION	reaulting in desth) LAST														
CE															
	PART II. Other algnificent conditions	contributing to	death but not r	esulting	In the ur	nderlylng	g cause g	lven in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY AWAILABLE PRI		
MEDICAL	None									1   YES 2	No		COMPLETION O		
百									- 1				1   YES 2 (	ON	
									_					^	
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only one	D)					
25	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE!		e 5 □ Be	eldence	6 🗆 Other	(Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O	FINJURY	28b. Tif	WE OF	28c. INJ	URY AT			CRIBE HOW I	NJURY O	CURED			
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY M		PK?	NO	0.55.44.555.4						
ВҰ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At he	me, farm,	street, faci	tory, offic	•		28f. LOCA	ATION (Street	and Numbe	r or Rural	Route Number,		
品	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)						City o	or Town, State)					
	290. CERTIFIER	MAN. To the best	4		4 - 1 - 15 1										
COMPLETED	Chief chief														
00															
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE				1 .		D (Month, Day, Ye	ar)	
10	gram Ottain		4				0	1083	20			9/22	191		
F-0	30/NAME AND ADDRESS OF PERSON WHO	J COMPLETED CA	USE OF DEATH (ITE	M 27) (7/0	e Print)										

N. WOLFEST.

BALTIMORE

12. MEGISTHAR'S SIGNATURE
Fulia Davidson-Randall

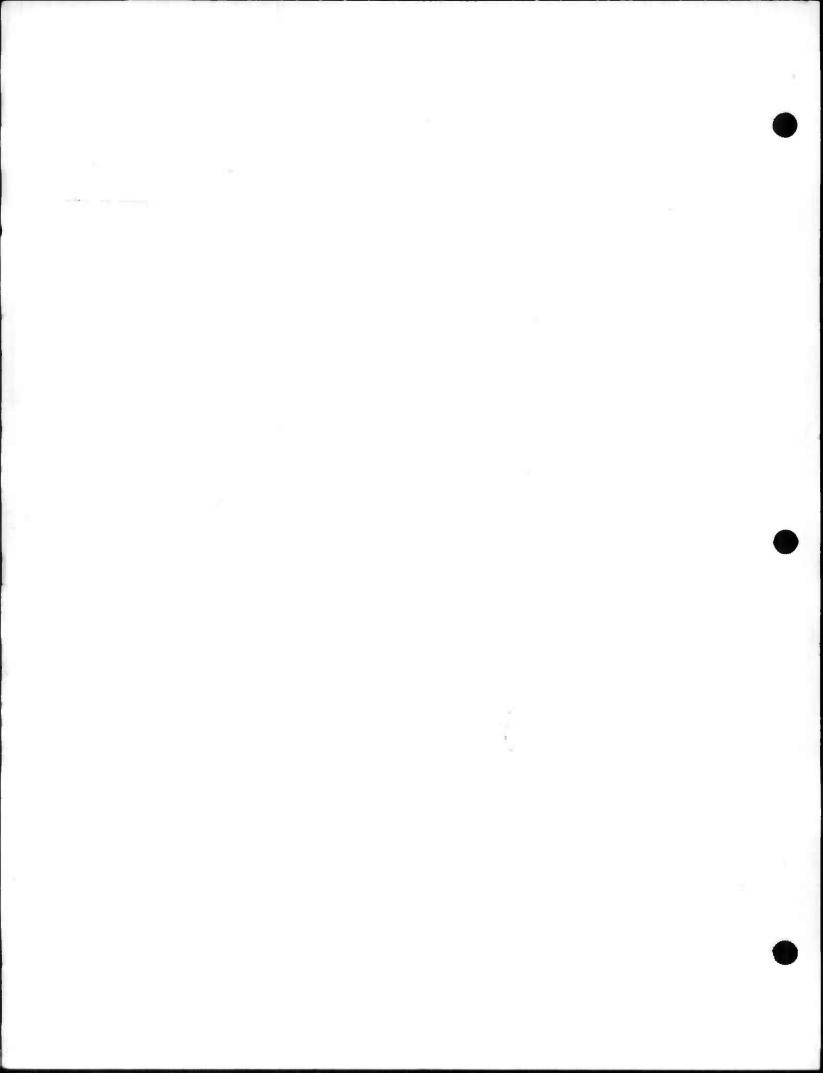
600

E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OTTAVIANO

1991

31. DATE FILED (Month, Day, Year)



	dsou	chec		eś
	the	deta		Onc
	5	Pe		5
	ined	Jourk		fled
	reta	5 5		noti
1	y be	age	•	pe
	E	00.0		TSI
	9 90	irect		E
	Pag.	p le		ine
	leath	fune		Шех
	ter d	the	Mal.	100
	S af	6	remo	dici
Ì	hou	ed ir	6	E
	1 24	y fill	rtion	the
	withir	plete	remi	ent,
	ted	COM	al. c	2
	поах	pue (	pnu	atic
	De es	ian	2 10	mme
	ate	hysic	pric pric	ar tr
	utific	ld br	giene	othe
	th ce	endir	HY	07.0
	deat	atte	ental	Ž.
	the	y th	M D	=
	that	ed b	th an	any
	ires	sign	Heal	WS
	requ	een	of	shor
	MP.	as be	Dept.	23
	The	ite h	ate C	Em.
	AN:	tifica	e St	or it
	VSIC	s cer	th th	d, c
	PH	r this	h wil	arke
	SNIC	After	death	E
	TENC	OR:	fter	00
	A AT	RECT	ILS a	m 2
	107	10	Poc.	Ite
٦	É	ERAL	22 11	11
į,	E	FUN	with	IAN
ŕ	7	光	led	PO
	TO THE MOST ALL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

0

31. DATE FILED (Month, Day, Year)
000 1 1991

32. REGISTRAR'S SIGNATURE
AND DAVIDSON - ROMERON

Sequentially list conditions,   a.   Due to (or as a consequence of):		FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	TMENT OF	HEALTH AND F DEATH	MENT	TAL HYGIENE REG. NO.	91	26	621	
SOLAL SECURITY NUMBER   S. SEX   S. AGG (In year and almony)   Security   Sec	į.		,	SAN	DLER				MO	NTH DA'	YEAR 3.	0		
BALTINORE  BALTINORE				5. SEX	8. AGE (In yrs. la	ast birthday)			7. DAT	7. DATE OF BIRTN (Month, Day, Year)			ACE (State or Foreign	
BALTIMORE COUNTY GENERAL HOSPITAL  RANDALLSTOWN  BALTIMORE  SOL CORTY  MARYLAND				2522	0,	-	9b. CITY, TOW	N OR LOCATION OF D		14/1904				
3.54.1 MILEPORD MILLL RD.  11. MANTIAL STRATUS  12. WED DECEDER! STRUCKTON  13. WED DECEDER! STRUCKTON  14. MANTIAL STRATUS  13. WED DECEDER! STRUCKTON  15. WED DECEDER! STRUCKTON  15. WED DECEDER! STRUCKTON  16. MANTIAL STRATUS  17. WED DECEDER! STRUCKTON  16. MANTIAL STRATUS  17. WED DECEDER! STRUCKTON  17. MANTIAL STRATUS  18. MANTIAL STRAT	CTOR	RESIDENCE OF DEC	COUNTY	GENERAL	HOSPITA	AL								
STREET AND NAMED AS STREET AND NAMED IN THE STREET AND	DIRE					10c. CIT							LIMITS?	
Sequentially life conditions  22. Defected  1   Type 3   No. Search  1   Type 3   Type 3   No. Search  1   Type 3   Type 3   No. Search  1   Type 3   Type	AL AL	10e. STREET AND NUMBER							10g. CITIZEN					
Sequentially life conditions  22. Defected  1   Type 3   No. Search  1   Type 3   Type 3   No. Search  1   Type 3   Type 3   No. Search  1   Type 3   Type	E	3541 MILFOR	ED MIL	L RD.				212	207					
Widowad     Discrete	FUN	_	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMEO NO	13. WAS D	ECENOENT OF HISPA	ANIC ORIGIN? (Specify Yea or No. 14. RA			BACE -	American Indian	
CUTTER  CUTTER  CUTTER  CUTTER  CLOTHING  In MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Modelle, Leaf)  JACOB SANDLER  The MOTHET'S NAME (First, Modelle, Leaf)  JACOB S				IF YES, GIVE W	MAR OR DATES		107	ES 2 NO Speci	ity:	o rican, etc.)		Specific		
B CUTTER  CLOTHING  1. ANNA HOSPILLARY  JACOB SANDLER  19. INFORMANTE NAME (First, Models, Later)  JACOB SANDLER  19. INFORMANTE NAME (First, Models, Later)  MRS. SYLVIA SANDLER  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  MRS. SYLVIA SANDLER  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  20. METHOD OF DISPOSITION  19. INFORMANTE NAME (First, Models, Later)  20. METHOD OF DISPOSITION  19. INFORMANTE OFFICIAL STORYCE LECESEE  20. LECTHING  21. SOUND LECTHON CONTROL OF TWEN, State Control C		(Specify only	highest grade	CATION completed)	1 (0	Give kind of w	rork done durina	TION most of working	1	66. KINO OF BUS	INESS/INDUS	TRY		
DEFORMANT SAME (From from Proposition 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	P.E.	_	-12)	College (1-4 or 5	·)					Or omi	TDIC			
DEFORMANT SHAME (From Principle Conference of Conference o	OM		ddle, Lest)			CUTTI	ZK	18. MOTHER'S N	AME (Fire					
The properties of the properti	ш	JACOB SANI	DLER											
Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Dies (Septiment)   Sequentially list conditions   Sequenti		MRS. SYLVIA	pe/Print) SAND	19h MAII INC ADDRESS (Street and Alumbas on Dural Roots Aturals - Chr. 7								2120	7	
22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  24. WAS CAUSE (Pinel disease). The period of dying, such as cardisc or respiratory arrest, inferval Between Onset and Death disease or condition.  25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  26. PLACE OF DEATN (Check only one)  27. WAS COMPRETON OF CAUSE (Pinel disease). The period of dying, such as cardisc or respiratory arrest, inferval Between Onset and Death disease or conditions.  27. LEVER MARK AND ADDRESS OF PERSON & BROS., INC.  6010 REISTERSTOWN RD. BALTO., MD 21215  Approximate inferval Between Onset and Death disease or conditions or conditions.  A CHECKE MARK AND ADDRESS OF PERSON & BROS., INC.  6010 REISTERSTOWN RD. BALTO., MD 21215  Approximate inferval Between Onset and Death disease or conditions or cardinate between Onset and Death disease or conditions or conditions.  A CHECKE MARK AND ADDRESS OF PERSON & WIND COMPRETON & CAUSE OF DEATN (Check only one)  24. WAS CAUSE REFERENCE OF DEATN (Check only one)  25. WAS CAUSE REFERENCE OF DEATN (Check only one)  26. PLACE OF DEATN (Check only one)  27. WASHINGTO DEATH (PORT AND PROVINCE)  28. WAS CAUSE REFERENCE OF DEATH (PORT AND PROVINCE)  29. PLACE OF BAURY AND DEATH (PORT AND PROVINCE)  20. DEATE SIGNAL CHECKER ON WASHINGTON OR PARTICIPATED AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATURE AND TITLE OF CERTIFIER  20. SIGNATU		1 YBurial 2 Cremation	n 3 🗆 Reme	oval from State	20b. PLACE cemetery, cn	AND DATEO	F DISPOSITION	Name of	0/	ATE 20c. LOC	ATION — CIT	y or Town,	Stata	
23. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I.  24. WAS AN AUTOPSY PERFORMED OF DEATH (These only one)  25. PLACE OF DEATH (These only one)  26. PLACE OF DEATH (These only one)  27. MANUSER OF DEATH (These only one)  28. WAS CASE REFERRED TO MEDICAL EXAMINETY OF PROPRIED TO MEDICAL EXAMINETY OF PROPRIED TO MEDICAL DEADling, stc. (Specify)  29. WAS CASE REFERRED TO MEDICAL DEADling, stc. (Specify)  21. MANUSER OF DEATH (These only one)  22. WAS CASE REFERRED TO MEDICAL DEADling, stc. (Specify)  24. WAS CASE REFERRED TO MEDICAL DEADling, stc. (Specify)  25. WAS CASE REFERRED TO MEDICAL DEADling, stc. (Specify)  26. PLACE OF DEATH (These only one)  27. MANUSER OF DEATH (These only one)  28. PLACE OF DEATH (These only one)  29. CHITTER TO WAS A CONSEQUENCE OF):  20. WAS CASE REFERRED TO MEDICAL DEADling, stc. (Specify)  20. CHITTER TOWN NAME OF PROPRIED TO MEDICAL DEADling, stc. (Specify)  27. MANUSER OF DEATH (These only one)  28. PLACE OF DEATH (These only one)  29. CHITTER TOWN NAME OF PROPRIED TO MEDICAL DEADling, stc. (Specify)  20. CHITTER TOWN NAME OF PARISH Bodge Number.  20. CHITTER TOWN NAME OF PARISH Bodge Number.  21. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29. SIGNATURE AND TITLE OF CENTIFIER  29. MANUSER OF PERSON WHO COMPLETED CAUSE OF DEATH (THEN 27) (Type. Print)  20. CHITTER TOWN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEN 27) (Type. Print)  20. LICENSE NUMBER  20. LICENSE NUMBER  20. ALC CHITTER TOWN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEN 27) (Type. Print)  20. LICENSE NUMBER  20. ALC CHITTER TOWN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEN 27) (Type. Print)  20. LICENSE NUMBER  20. ALC CHITTER TOWN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEN 27) (Type. Print)  20. LICENSE NUMBER  20. ALC CHITTER TOWN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF				ENSEE /	MOSE	מסויו כיב	22. NAME	AND ADDRESS OF FA	ACILITY			L BA	LTO., MD	
Approximate interval between one and line.  IMMEDIATE CAUSE (Final diseases or condition)  a. A. LEVKEMIA  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF		6010 REISTERSTOWN RD. BALTO, MD 21215												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIPONINGS ANAILABLE PRIOR TO CAUSE OF DEATH   YES 2 NO   1	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A. LEUKEMIA													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIPONINGS ANAILABLE PRIOR TO CAUSE OF DEATH   YES 2 NO   1   ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):													
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)	MEDICAL	PART II. Other significan	condition	s contributing to	death but not	reaulting l	n the underly	ing cause given in	Part I.	PERFORM	ED?	AVA COI OF	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)	AN	25. WAS CASE REFERRED TO	MEDICAL				26	DI ACE OF BEATH (C)						
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29d. Accident in view stigation in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	SIC	EXAMINER?			ER/Outpetlant 3	B [] DOA	OTHER:							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29d. Accident in view stigation in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29d. DATE SIGNEO (Month, Day, Year)  29d. DATE SIGNEO (Month, Day, Year)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ϋ́	27. MANNER OF DEATH		26s. DATE OF	INJURY	26b. TIME	OF 28c. I	NJURY AT			JURY OCCUP	RED		
286. PLACE OF INJURY — At home, tarm, street, factory, office 4 Homicide 4 Homicide 5 Certifying PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and dus to the cause(a) and manner as stated.  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CARLISTANCE  286. PLACE OF INJURY — At home, tarm, street, factory, office 286. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  286. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  286. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  286. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				(Month, 4	A A	NI				N/A				
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. JAPAN  306. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  CAR RISELDA E. TIU MD Ball. Cruly Len. Hosp.		3 Suicida 6 C		28e. PLACE Of building,	FINJURY — At he	ome, tarm, si	reet, factory, of	lice	261. LC	CATION (Street an	d Number or	Rural Route	Number,	
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. Jan 91  36. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CAR RISELDA E. TIU MD Ball. Cruly Len. Hosp.	ETE		etarmined		N	A			- Cri	, or lown, State)	UA			
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. Jan 91  36. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CAR RISELDA E. TIU MD Ball. Cruly Len. Hosp.	OMPL	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
2 Strulle E. Jill MD-Howsteff D39199 9-2891 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C4 RISELDA E. TIU MD Ball. Cruily Hen. Hosp.	ш	29b. SIGNATURE AND TITLE OF CERTIFIED												
GRISELDA E. TIU MD Ball. Cruly Hen. Hosp.	00	Mrsulla 30. NAME AND AODRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27 (Type	styf	D391	99		▶ 9	- 28	171	
31. DATE FILED (Month, Day, Year) A 32. REGISTRAR'S SIGNATURE		GRISELT 31. DATE FILED (Month, Day, M	AE	. TIU	MD	Bal	R.C	ruly 9	Jen	. Hosp	2.			

TO BE COMPLETED BY FUNERAL DIRECTOR

the bunal-transit permit. Pages 1, 2, 3 should quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR ATTENDING PROSPURATION TO THE FUNERAL DIRECTOR. Are the control of field within 72 hours after death with are a litem 28 is manted, or item.

DIVISION OF WITH RECORDS, P.O. BOX 68760,

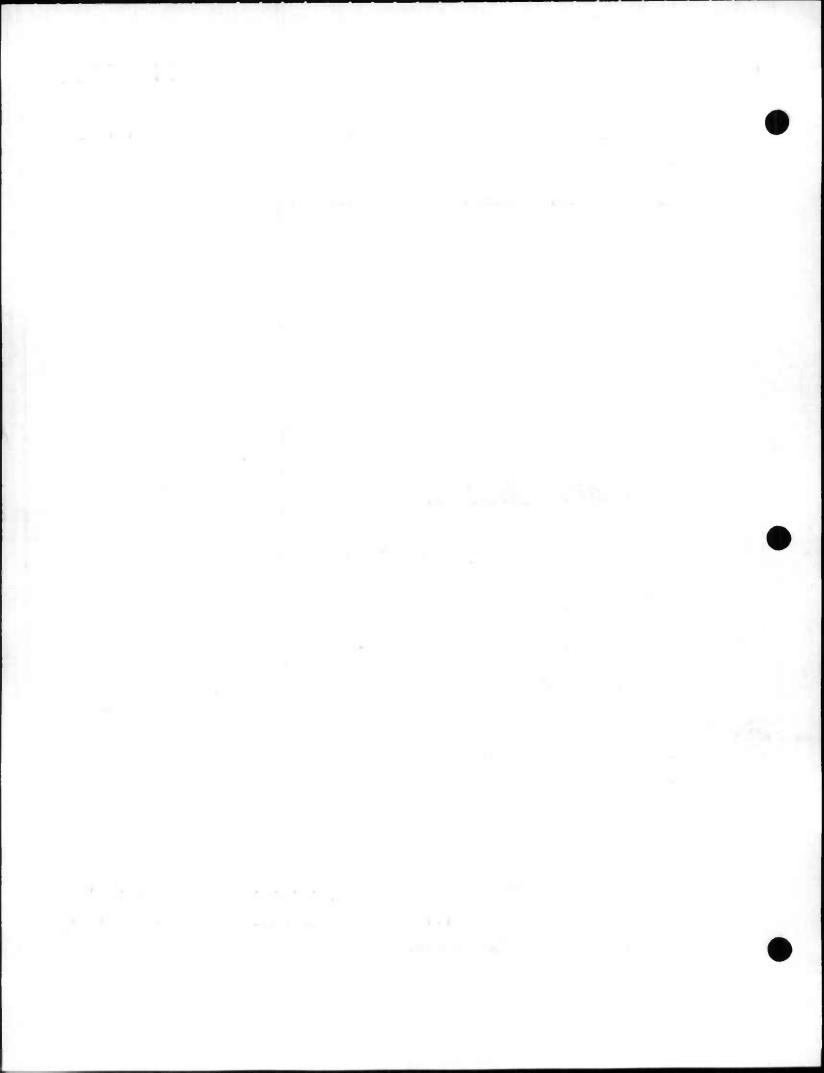
S		
33		
2		
D T		
95		-
deta		ĕ
90		te
2		2
Short		Ě
40		9
age		9
ď,		15
ecto		Ē
ė.		-
20		듣
1ª		Xan
the	Ma	-
3	E	3
2.	) TC	Te C
File	Ü,	9
À	latic	=
plet	ren	ent
E	ai ai	\$
De	Jul.	it c
9	9	E
iciar	100	12
E S	e p	1
0	jien	4
ig.	£	10
atte	TTa	ž
the	Me	를
È	and	, i
ien signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it	5	9
Sign	Hea	*
ual	If Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	¥	23
3	7	E
Sign	閯	農
B	€	6

510											91	2	662	2	
1 - FOR STATE REGISTRAR		STATE OF I	MARYLANI	D / DEPAR CERTIF	TMEN	T OF H	EALTH	AND TH	MENT	AL HYGIE	NE	6-10	002	. (	
1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEATN			3. TIME O	F DEATH	4
FREDERI	CK	F	7.	S	STEL	ZER			09	2	BAY	9EAR	10:3	3 F	M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	s. lest birthday)		R 1 YEAR	IF UNDER		7. DATI	E OF BIRTH		S. BIRTI	NPLACE (Sta	te or Ford	aign
199-18-763	39	1 💢 M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	009	th, Day, Year)	26	Count	ENNSY	T.VAP	TA
9a. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF D	EATN		9c. CO	UNTY OF E		11 4 7 7 1	. 1.1.1.1
UNION MEM		HOSPIT	AL		BA	LTI	MORE	Ξ							
RESIDENCE OF DEC	10b. COUNTY														
MARYLAND	100.000111			10c. C11		OR LOCAT							10d. INSID	\$7	
10e. STREET AND NUMBER					Д.						-		VES YES		10
	ELDON A	VENUE				101	ZIP CODE	211			10g. Cr	US	WNAT COUN A	TRY?	
11. MARITAL STATUS	W-16-	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	. ARMED	13.	WAS DEC	ENDENT C	F NISPAI	NIC ORIG	IN? (Specify )	es or No-	14. RAC	E — America	in Indian	1,
1 Never Married 2 X		IF YES, GIVE W	WAR OR DATES			1 YES	2 NO	Specif	in, Puerto y:	Rican, etc.)		Spec	k, While, etc		
					_1_								WHIT	E	
(Specify only	EDENT'S EOUCA y highest grade co	TION ompleted)	16a	Give kind of	work done	during mo:	IN st of workin	ים	16	b. KIND OF B	USINESS/IN	DUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5 +) iffe. Do NOT use retired.)															
UNKNOWN  17. FATNER'S NAME (First, M	Untille ( = - a)			PRIN	TER										
		OMET OF	370							Middle, Maide					
		. STELZE	SK.				_			IE DOU					
19e. INFORMANT'S NAME (Type/Print)  MARY STELZER  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  1349 WELDON AVENUE, BALTO., MD. 21211															
20a, METHOD OF DISPOSIT								NUE,		_					
1 N Buriel 2 - Crematio	n 3 🗆 Remov	al from State	cemetery	CEAND DATE O	ther place;	1			1		OCATION -				
	DONATION 5 OTHER (Specify) WOODLAWN CEMETERY 10/1/91 BALTIMORE, MARYLAND  12. NAME AND ADDRESS OF FACILITY														
1 /1	50.	1 -	- / /	7						. FUN	ERAL	HOME			
MI	Mar	-Her	13	4	3	818	ROLAI	ND A	VENT	E. BA	LTO	MD.	2121	1	
23. PART I. Entar the di shock, or he	iseeses, or consert fallura. Li	mplications the	t caused tha	death. Do n	ot anter	r the mo	de of dyi	ing, suc	h as cei	diac or res	piratory a	rrest,		roximat	
IMMEDIATE CAUSE (Fin		When you are			4			0			~		Ons	val Bet et and !	
disease or condition resulting in death)	<b>→</b> a.		vperte	nsive	Ath	wosel	erofic	. C	udi.	Nascu	law 1	Irec	cu		
		DUE TO	JOR AS A CON	SEQUENCE OF	F):										
Sequantially list conditi	ons. b.														
if any, leading to immediately cause. Enter UNDERLY	dieta	DUE TO	(OR AS A CON	SEOUENCE OF	ን:										
CAUSE (Disease or Inju		DHE TO	OR AS A COM	SEQUENCE OF											
that initiated events resulting in death) LAS	т	DUL 10	(ON AS A CON	ISEOUENCE OF	· ):										
	d.														
PART II. Other significa	nt conditions	contributing to	death but no	ot resulting i	n tha ui	nderlying	cause g	lven in	Part I.		N AUTOPSY	24b	WERE AUTO		
Diabet	6 me	llitus								1 KYES	PRMED?		COMPLETIC		
										. 47.20		1	OF DEATH?	2 🗆 мс	
													Lies	2   NO	<b>'</b>
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATN (Chi	eck only o	ne)		_			
EXAMINER?	1	OSPITAL:	ER/Outpatient	3 DOA	OTHE!		5 🗆 🛭	aldanca	5 🗆 Oth	er (Specify)					
27. MANNER OF OEATN		28a. DATE OF	INJURY	28b. TIME	E OF	28c. INJL	JRY AT	arderice		SCRIBE NOW	INJURY OC	CURED		_	_
	Pending Investigation	(Month, Di	my, Year)	INJ	URY M	1 Y		NO							
2 Cutolda	Could not be	28a. PLACE OF	F INJURY - A	home, farm, s	treet, fac	tory, office			28I, LO	CATION (Street	and Numbe	r or Ruml F	Route Number	,	
	Setarmined	ounding,	etc. (Specify)						City	or Town, Stati	9)			•	
29e. CERTIFIER	IFYING PHYSICI	N: To the heat of	my knowledge	death accura	of at at-	lime de			4. 6					_	
(Check only one) 2 MEDI	CAL EXAMINER:	AN: To the best of On the basis of ex	amination and	or investigation	n. In my	opinion de	eth occur	end due	to the ca	use(e) end m	enner es sta	ted.	Janes -		
29b. SIGNATURE AND TITLE					., my (					and piece, i	_				led.
Maria IIILE		1 oto .	CIN				29c. LICE						(Month, Day,	Your)	
30. NAME AND ADDRESS OF	DEBSON WHO	COMPLETED	E OF ST	TEM	0.4		0.C.	. M . h			10	9/27	/ 9		

PENN STREET, BALTIMORE, MARYLAND 21201

31. DATE FILED (Month, Day, Year)
OCT 0 1 1991

32. REGISTRAR'S SIGNATURE
Wha Davidson-Randall



91 26623 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -F.E.H CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 2.6 1 9 9 1 KENNETH RAY SUTTON 21:48 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 24 HRS. (Month, Dey, Year) 11-26-1969 225-27-7105 1 X M 2 F FLORIDA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SHOCK TRAUMA/UNIVERSITY HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY VIRGINIA ETTRICK CHESTERFIELD 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3807 TOTTY STREET 23803 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexicen, Puerto Ricen, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify. WHITE urs after death. Page 6 may be retained by the hospital or attend use as COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade page 5 should be detached for Elementary/Secondery (0-12) College (1-4 or 5+) 8 STUDENT SCHOOL 17. FATNER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First Middle Maider Surname) at THOMAS SUTTON JR. BE VIOLET RAY BAKER notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1168 PETERSBURG VA. 23803 J. T. MORRISS AND SON INC O.BOX pe 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE director, p must 4 Donation 5 Other (Specify) ETTRICK CEMETERY ETTRICK, VIRGINIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 filled in by the funeral on, or removal. 6 HENRY W. JENKINS AND SONS. BALTO, MD. medical 23. PART I. Enter the diseases, or completions that caused the death, or not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Finel** completely filled rial, cremation, o Onset and Death the Multiple disesse or condition\_ recuiting in death) executed within other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): burial, CERTIFICATION and Sequentielly list conditions, inding physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST 10 has been signed by the attendi e Dept. of Health and Mental Hy m 23 shows any Injury, or PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED: AMILABLE PRIOR TO COMPLETION OF CAUSE 1) YES 2 NO OF DEATH? TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate his with the State Carked, or Item Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Alinpatient 2 | ER/Outpatient 3 | DOA OTHER 1 XYES 2 NO me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH marked, 28e, DATE OF INJURY 28b. TIME OF INJURY 2 1 0 0 M 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 9-26-91 DIRECTOR: After the hours after death v 1 YES 2 XNO PEDESTRIAN STRUCK BY AUTO BY 2/ Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) s 281. LOCATION (Street end Number or Rural Route Number, 8 Could not be ED 28 4 Homicide BALTO. WASHINGTON PKWY. HIGHWAY COMPLETI Item 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. TO THE FUNERAL DE filed within 72 h 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

luil

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
1991 Junia Davidson-Andale

2

31. DATE FILED (Month, Day, Yodi?)

09-27-1991

O.C.M.E.

111 PENN STREET BALTIMORE, MARYLAND 21201

and the state of t 

LINIS PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should that with the state boat or Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSP OF OTT AND PHYSICIAN: The law requires that the death certificate be executed within 2-mous after death. Page 6 may be retained by the thost TO THE FUNE ALL CHARGOT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 20 min and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II I mental and marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

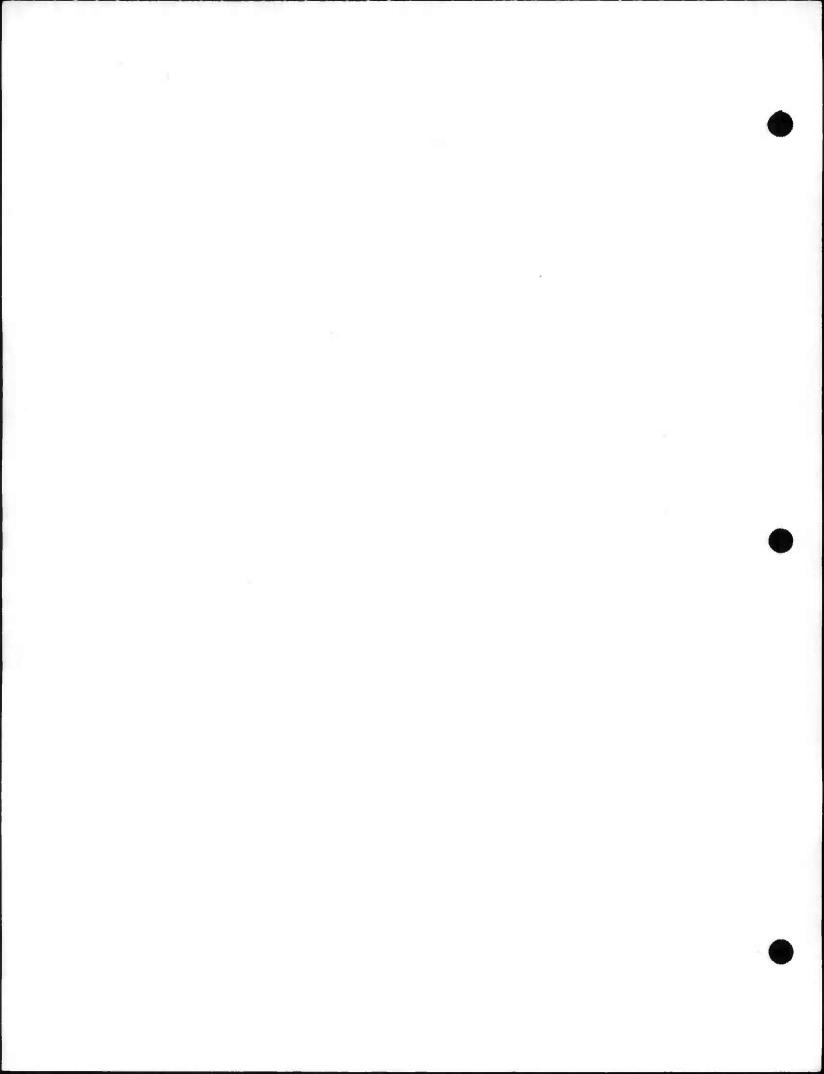
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

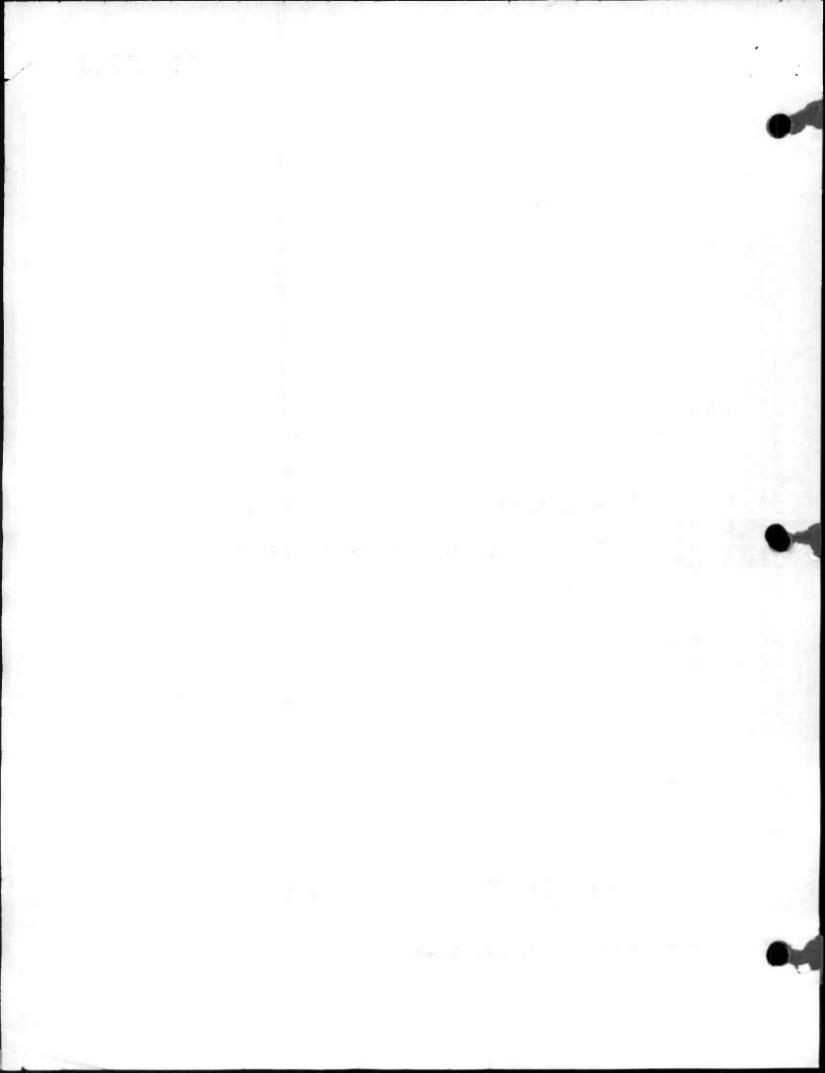
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH														
	Vernon F. Stricklin							MONTI	09-27-91 7:30			7:30 pm			
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
	010 10 50		1 🖳 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Ybar)			So. Carolina	
		218-12-7884 1 07								NTY OF E					
DIRECTOR	Greater Baltimore Medical Center					_	wso						1tim		
2	RESIDENCE OF DEC	10b. COUNTY	,		10c CII	Y, TOWN	OBTOC	ATION						10d, INSIDE CITY	
E						uthe								LIMITS?	
	Maryland Balto.					id Circ		IOF, ZIP COD	E			10a CIT	IZEN OF	WHAT COUNTRY?	
RA	100.5 Adcock Rd.							IUI. ZIP COD	2109	13		log. Cit		S.A.	
FUNERAL	1005 A	acock	ICO			- 40					1? (Specify Yes				
3	1 Never Married 2 🔀	Married		YES 2 MAR OR OATES			If yes,	specify Cubi	ın, Mexica	n, Puerto I		or No-	Blac	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divo	orced	IF YES, GIVE				1 🗌 YI	ES 2 NO	Specify	y:			Spec	White	
	15, DEC	EDENT'S EDU	CATION	W W	DECEDENT'S	USUAL	OCCUPA	TION		16b	. KIND OF BUS	SINESS/INC	DUSTRY	MILLE	
COMPLETED	(Specify oni	ly highest grade	completed) College (1-4 or 5		(Give kind of life, Do NOT u	work done ise retired.)		Board							
3	Elemental y/Secondary (	-12,	Δ		et t	o Ch		man c		ne l	Gas 8	& Ele	ectr	ic Co.	
8	17. FATHER'S NAME (First, M	fiddle, Last)		no	,50, 0	.0 01	10.11				Middle, Meiden				
	Barnev S	that alel	in						A	dgie	Hu	rsey			
出	19a. INFORMANT'S NAME (				19b. MAILIN	G AOORES	SS (Stree	t and Numbe			ber, City or Town	_	c Code)		
2	Control of the contro		14	- 1				s 10e			,	,,			
	Mrs Barbar	TION	The diversity		E OF DISPO		_	cemetery, crei	metory or		20c, LO	CATION -	City or T	own. State	
	1 Burial 2 Crematic	on 3 Rem	oval tom State		place)	alle	37 M	em G	rdns	10	/1/91	20c. LOCATION — City or Town, State  1/91 Timonium, Maryland			
	21. SIGNATURE OF FUNERA		ENEL 1	Duyay	ney v		22. NAME AND ADDRESS OF FACILITY								
	> Knock	16	Chale	L.		7		Morra	on F	unar	1050 al Hom			. 21204	
	23. PART L Enter the d	liseases, or	complications the	at coused the	deeth. Do	not ente	or the r	node of dy	ing, suc	th es can	diec or reepi	ratory ar	rest,	Approximate	
	shock, or h	eert feliure.	List only one ce	use on each ii	ne.				-			-		interval Between Onset and Death	
	iMMEDIATE CAUSE (Fill disesse or condition	nei	Doori	wat a w	Post 1	1340								Onset and Death	
	e. Respiratory Failure out to (or as a consequence of):														
,	The first of the f														
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate  b. Lung Cancer  Due To (or as a consequence of):														
CAT	cause. Enter UNDERLY	'ING	c.												
Ĕ	CAUSE (Disesse or Injuthat initiated events	ury	DUE TO	OR AS A CONS	SEOUENCE (	DF):									
E	resulting in desth) LAS	ST	d												
	DAPET II ON clouddo	and soudibles		a de att but a a	A tal	In Abra				Prod I			Las	. William Milliam of the milliam of	
MEDICAL	PART ii. Other signific	ent condition	is contributing to	o deeth but no	it reeulting	in the t	underry	ing cause	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
ă										_	1 - YES 2	- NO		OF DEATH?	
ME														1   YES 2   WO	
ÿ															
CIA	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF	DEATH (C)	heck only o	ne)				
PHYSICIAN:	1 TES 2 NO		1 Inpetient 2		3 DOA			ome 5 🗆 F	Reidence	6 🗆 Oth	er (Specify)				
PH	27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	26b. TI	ME OF	28c.	INJURY AT WORK?		28d. DE	SCRIBE HOW I	NJURY O	CCURED		
ВУ	1 Netural 5 2 Accident	Pending Investigation				М			□ NO						
ED		Could not be	28e. PLACE building	OF INJURY — At j, etc. (Specify)	home, term	, street, fa	ectory, o	Ifice			CATION (Street or Town, State)		er or Rural	Route Number,	
	4 Homicide	GINETTHINGG													
COMPLET	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best	ot my knowledge,	death occur	rred at the	time, d	ata and plac	e, and du	e to the ce	iuse(s) and ma	nner en st	eted.		
MO	one) 2 ME	DICAL EXAMIN	ER: On the beels of	examination and/	or investigat	lon, in my	opinior	n, death occ	ured at the	e time, dat	e end place, ar	nd due to	the cause	(a) and manner as stated.	
EC	29b. SIGNATURE AND TITL	E OF CERTIFIE	A ()/					29c. Life	ENSE NU	MBER	^	29d. DA	TE S GNE	D (Month) Day, Year)	
0	Kely	D	Then	~		M	V	0	25	5	38	▶ ⟨	217	28191	
5	30. NAME AND ADDRESS O	OF PERSON WI	10 COMPLETED CA	USE OF DEATH (I	TEM 27) (Typ		_	1-	_	. /	011	100,	-		
1	Peren	P.	57A	nAS	M	D	6	,56	)	N.	CH	44	رك	ST	
	31. DATE FILED (Month; Day	( 'Ybār) "	32. REGIST	RAR'S SIGNATUR	E										
72	007 0 13	1001	Julia Davi	dson-Rano	LE										



BALTIMORE, MARYLANE	24 Nous after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSF ML OF ATTEMENT HYSICIAN: The law requires that the death certificate be executed within 24 locus after death. Page 6 may be retained by the host	TO THE FUNCRAL CHARTER AT IN SECURIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 7 notes and 1 the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	0	Y	1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL	HYGIENE
CERTIFICATE OF DEATH		BEG NO

	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME	NT OF HE	EALTH AND	MENTAL HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y 1 0 0 1 YE	3. TIME OF DEATN		
			sell	NDER 1 YEAR		Sept. 29,		M		
		- Thursday	HS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give stre	_ 00	YRS.			10-29-1924	+ Ma	aryland		
œ					LOCATION OF D	EATH	9c. COUNTY	OF DEATH		
0	8203 Rockdale Ave	à.		Rockda	le		Balti	Lmore County		
DIRECTOR	10a. STATE 10b. COUNTY		100 CITY TOW	OL OD LOCATIO	201					
E	Manyaland Balada	INC. OFF, TOWN ON EXCEPTION						10d. INSIDE CITY LIMITS?		
	Maryland Baltin	iore County				1 YES 2 X NO				
RA				ZIP CODE		-	OF WHAT COUNTRY?			
FUNERAL	8203 Rockdale Ave.						US	SA		
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2	ARMED	13. WAS DECE	NDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2	XNO Specif	y:		Specify:		
	15. DECEDENT'S EDUCA	WW 2						White		
COMPLETED	(Specify only highest grade co	in in its	Give kind of work do	one during most	of working	16b. KIND OF BUS	INESS/INDUST	RY		
ا ت		College (1-4 or 5+)	life. Do NOT use retire	,						
M		year	Shipping					ores		
8						ME (First, Middle, Maiden :	Sumame)			
B	Reginald Sampsel	.1			Mary	Myers				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and	Number or Rural i	Route Number, City or Town	, State, Zip Cod	(o)		
-	Mrs. Edith Sampsel	.1	8203 Rock	kdale .	Ave. Ba	altimore, M	ID 2.1	1207		
	28e. METHOD OF DISPOSITION 1 Burlel 2 K Cremation 3 Remove	20b. PLA	CE AND DATE OF DISF	POSITION (Nem			ATION — City			
	4 Donation 5 Other (Specify)		cremetory or other place	nation	Sarvice	9/30 Ha				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	TOTT GIE	22. NAME AND	ADDRESS OF FA	CILITY NA	шрѕсеа	.d, PiD		
	Date B	(	I	Loring	Byers 1	Funeral Dir	ectors	s, Inc.		
-	With D	Cong		8728 L:	iberty 1	Rd. Randal	.1stowr	n, MD 21133		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplicstions that odused the st only one cause on each i	death. Do not an	ter the mode	e of dying, suc	h aa cardiac or reapir	atory arrest,			
	Interval Between Onset and Daeth									
	disease or condition and Due to (or as a consciouende of):  Due to (or as a consciouende of):    Marchiae   Due to (or as a consciouende of):									
i	DUE TO (OR AS A CONSEQUENCE OF):									
z										
은	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
8	cause. Enter UNDERLYING									
<u>_</u>	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):							
CERTIFICATION	resulting in death) LAST									
AL	PART II. Other significent conditions	contributing to death but no	ot resulting in the	underlying	cause given in	Pert i. 24s. WAS AN A PERFORM	WTOPSY	24b. WERE AUTOPSY FINDINGS		
용						1 YES 2		COMPLETION OF CAUSE		
ĕ.							110	OF DEATH?		
-								1 YES 2 NO		
₹	25. WAS CASE REFERRED TO MEDICAL			28 PI M	CE OF DEATH (Ch	not anti-anal				
잃		IOSPITAL:	ОТН	ER:						
PHYSICIAN: MEDIC	27. MANNER OF DEATN	□ Inpetient 2 □ ER/Outpatient  28a. DATE OF INJURY		1		8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	286. TIME OF INJURY	28c, INJUR WORK	(?	28d. DEŞCRIBE NOW IN	JURY OCCURE	D		
B	2 Accident Investigation		M		S 2 NO					
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atreet, f	lectory, office		281. LOCATION (Street ar City or Town, State)	d Number or Re	ural Route Number,		
E 1										
COMPLETED	290. CERTIFIER 1 CERTIFYING PNYSICIA	N: To the best of my knowledge,	death occurred at the	e time, deta ai	nd place, and due	to the cause(s) and many	or as stated.			
8	one) 2 MEDICAL EXAMINER:	On the basis of examination and/	or investigation, in m	y opinion, dea	th occured at the	fime, date and place, and	due to the cas	use(a) and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			19c. LICENSE NUM					
ᆱ	5,0 /	Mitty	MD	1	D195		ZVd. DATE SIG	INED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH #	TEM 27) /5 04		21.12	0)	7	30 91		
	The state of the s	UNITED UNUSE OF DEATH (I	41) (Type, Print)							
	21 DATE EILED (Month Day W	I sa security						100		
	OCT 0 1 1991 9	32. REGISTRAR'S SIGNATURE	1.00					wants.		
	ן ובפו די חוחת	and manager-Nano	ALUCA .					-1		



MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

DIRIG DIR

표분

223

FUNERAL ( IMPORTANT: If

n	Y	1
N.	Commit Pa	,
cian	I-tra	
D physi	e privia	
rtendin	e as th	
tal or	for us	
e hospi	stached	nce.
Dy th	1 be d	at o
UNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training to proper after death with the State harm of Health and Mental Huchane and or to have a proper or property of the purial-training or property.	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
nay be	page.	pe pe
10e 6 n	firector	r mus
eath. Pa	uneral	camine
after d	y the	cal es
DOURS	d in be	medi
hin 24	tely fill	t, the
ad wit	comple	even
execut	n and of	matic
ate pe	hysician	r trau
certific	ding pi	othe
death	e aften	ury, o
hat the	d by th	ny inj
uires t	Health	DWS 3
aw re	and been	23 sh
Y: The	Cate his	Item
SICIAL	certiff th the	d, or
MG PH	ter this	narke
ENDI	DR: At	8 18
OH A	DIRECTOR: After this certificate has been signed by the attending physician and completely fill thems after death with the State Dam of Health and Mental Horizone principle to build committee.	tem 2

91 26626 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Nancy STROUP 28 September 1991 12:30 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 - M - F 219-14-7241 67 YRS Sept. 12, 1924 MAryland 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. BAltimore Middle River 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 125 Trailways Road 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ric. BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Crossing Guard BAltimore County 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Jennings BE Elizabeth Thomas 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Glenda E. Jones 810 Runkles Terrace Baltimore MAryland 21221 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 X Buriat 2 ☐ Cremetion 3 ☐ Re HOLLYHILLCemetery 10/2/91 4 Donation 5 Other (Specify) BAltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyfuneralHome300MAceAve.21221 23. PART i. Entar tha disease, or complications that caused tha des ahock, or hard failure. List only one cause on each line. ea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Retwe IMMEDIATE CAUSE (Final Onset and Daath disasse or condition Pulmonary Embolus resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular Accident
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? XX YES 2 NO

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL 1 TYES 2 NO 27. MANNER OF DEATH

5 Pending

8 Could not be

1 Natural

2 Accident

3 Suicide

4 🔲 Homicide

HOSPITAL: 28s. DATE OF INJURY (Month, Day, Year)

28. PLACE OF DEATH (Check only one) OTHER: 28b. TIME OF 28c. INJURY AT WORK?

8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER BU

29c. LICENSE NUMBER D-17728 29d. DATE SIGNED (Month, Day, Year) 9-28-9

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Ba Yin Oung, M.D. 9000 FranklinSSquare Drive Baltimore MD 31. DATE FILED (Month, Day)

1991 Julia Davidson-Pandelle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	_
	14
	70
	9
	-
	-0
	-
	pe
	15
	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
	ĕ
	=
	E
	- 3
Ŀ	60
ğ	-
5	(0
5	=
-	9
5	ĕ
	-
5	9
5	=
9	- 7
5	Έ
3	9
	6
ğ	-
5	×
5	8
3	Ε
	3
5	2
5	-
5	9
5	岳
ē	0
3	-
	0
3	25
5	=
-	=
2	-
ř	2
	5
3	to
5	66
2	3
5	Ĕ
	6/3
Š.	3
3	2
	=
5	60
3	三
	-
5	0
	-
200	90
3	¥
-	8
ij	E
5	-
	=
3	00
and come with the case copie, or recall and recinal righter prior to bother, containing of the	2

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYGIEI		20021	
	1. DECEDENT'S NAME (First Middle Lest)	HARLE		-NIII	ICATE	TE	ME	4	2. DATE OF DEATH	DAY 6	3. TIME OF DEATH	
~	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	8. AGE (In yrs. las	t birthday) YRS.	MONTHS DAYS MOURS AND (Month Day War)						AUSIRIA	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CIT					BACTIMORE						
	MARYLAND 100. STREET AND NUMBER				TAR	im	ZIP COD	E		10g. CITIZE	10d. INSIDE CITY LIMITS?  1 S YES 2 NO EN OF WHAT COUNTRY?	
FUNERAL		12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13.	MAS DECI	A I	30 OF HISPAN	) IIC ORIGIN? (Specify Ye	0 or No- 1	S. A.  A. RACE — American Indian,	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUCA	IF YES, GIVE W	AR OR DATES			☐ YES	2 🅦 NO	Specify			Black, White, atc. Specify:	
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5 +	(Gi	ve kind of us	work done o	during mos	at of working		16b. KIND OF BU	0 =	I OR	
ш	17. FATHER'S NAME (First, Middle, Last)	nes						-	ME (First, Middle, Mula		1012	
TO B	19a. INFORMANT'S NAME (Type/Print)  RSCORDS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAMS AC A ROVS										code)	
	20b. PLACE AND DATE OF DISPOSITION 1 ★ Burisi 2 ← Cremetion 3 ← Removal from State 4 ← Donation 8 ← Other (Specify)  21. SIGNATURE-OF FUNERAL SERVICE_LICENSEE  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetapy, organizory or other place)  22c. LOCATION — City or Town, State									ty or Town, State		
	SVANS CHAPIL OF DEMORIES 8800 HARFORD ROAD - PARKVILLS									3KVILE		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  SETSIS											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
1	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOP											
AN: MEDICAL	CONLESTIVE H	UR	E	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PO								
PHYSICIAN:	EXAMINER?	IOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nursi	:			ck only one)  Other (Specify)			
ВҰ	27. MANNER OF DEATH  Natural 5 Pending  2 Accident Investigation	28a. DATE OF I (Month, Day	r, Year)		URY M		RY AT IK? ES 2		28d. DESCRIBE HOW I	NJURY OCCU	RED	
COMPLETED	3 Sulcide 4 Homicide  See. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  See. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)											
	(Check only   Check				red at the time, data and pieca, and due to the cause(s) and memor as stated.  on, in my opinion, death occured at the time, data and place, and due to the cause(s) and memor as a							
TO BE	E NA	HUM /	Y.D.	27) (Type	Drint)		29c. LICE	NSE NUM	BER	≥ 9d. DATE S	26/91	
	SINAL HOSPICAL 31. DATE FILED (MOSITI, Day, You)	PE 32. REGISTRAR	LV. a	GK		SPRI	NG	Bandes	ALT., MI	2	1215	
	9/26/91	UCT	1 199	1	Julia.	David	son-A	andell	2		DHMH-16 Rev 1/89	

		20
		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		SS
		oi.
		92
		20
		Q.
		E
		ě
		-
	Ė	2
0	Çi.	3
7	3	5
8	d	0
1	Sing	=
5	e.	25
N	Ħ	Se
<u></u>	9	7
64	E	20
	Sp	ě
3	ħ	tac
Q.	the	8
=	3	28
œ	8	2
A	ain	2
2	Tet.	S
	eg Q	96
m	3	2
E	E	0,
0	9	60
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	6
F	er.	1
-	path	S
A	0	9 -
0.0	9	5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ALTACION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OF ATTACIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

	FOR 1 - STATE	STATE OF MARYLA	AND / DEPART	IMENT OF	HEALTH AND I	MENTAL HYGIE	)   2 ENE	26628			
	1. DECEDENT'S NAME (First, Middle, Last)	Tuber	(JOSEPH T	CATE OF	DEATH	REG. N  2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213309 434 A	1000	9/ YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country) POLAND			
CTOR	99. FACILITY NAME (If not institution, give s	treet and number)		BGJT	or Location of DE	ATH	9c. COUN	TY OF DEATH			
DIRECTOR	MARYLAND 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAL BALTI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	106. STREET AND NUMBER 7112 BOXFORD RD			10	01. ZIP CODE 2121	15		EN OF WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPANI pecify Cuban, Maxican S 2 NO Specify:	IIC ORIGIN? (Specify ) n, Pusrto Rican, stc.)		14. RACE — American Indian, Black, White, stc. Specify: WHITE			
IPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16s. DECEDENT'S U. (Give kind at wo life. Do NOT use JEWE)	ork done during mo retired.)	ON ost of working	16b. KIND OF B	JEWEL1				
BE COMPL	17. FATHER'S NAME (First, Middle, Last) CHAIM TAUBER			16. MOTHER'S NAM	ME (First, Middle, Maide RAH	en Sumeme) KASZ	TAN				
TO B	19e. INFORMANT'S NAME (Type/Print)  MRS. MARLENE SUSSMAN  19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  12214 FAULKNER DR. OWINGS MILLS, MD										
	4 Donation 5 Other (Specify)	1 Duriel 2 Cremetion 3 Removal from State Completer cremetion or other places									
	most	mera	2	501 601	OL LEVINS	SON & BROS	DATE	0 MD 0101E			
	23. PART I. Enter the diseases, of c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition									
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  b										
N: MEDICAL C	PART II. Other significant conditions	a contributing to death bu	it not resulting in	tha undariying	g cause given in P	PERFO	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Chec						
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJI	NO 5 Residence 8 HURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED			
TED BY	2 Accident Investigation						and Number or	r Rural Route Number,			
COMPLETED	296. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowled R: On the besis of sxamination of	dge, death occurred and/or investigation,	at the time, dats In my opinion, d	and place, and due to	o the cause(s) and mi	anner as stated	i. csuse(s) and manner as stated.			
TO BE C	Allia Ronal	ell.			29c. LICENSE NUMB	3ER		9/26/91			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			1. Ba	Honor					
	31. DATE FILED (Month, Day, 16er) 007 0 1 1991	P. REGISTBAR'S SIGNAT	pandelle.				2 //				

IRDS, P.O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be ratained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any in

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH DE A	AND	MENTAL	HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)	WARF	REN I. T			- 0.	DEF			OF DEATH		499	3. TIME OF PEATH
	4. SOCIAL SECURITY NUMBER 219-12-8249	5. SEX 1 X M 2 F	6. AGE (In yrs. Ins		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Your) 2-25-192			8. BIRTH	PLACE (State or Foreign RYLAND
	9a. FACILITY NAME (If not institution, give st	Dh. CITY	TOWN	R LOCATI	011 05 0		3-172						
TOR	887 MILDRED AVENU	90. CITY	, IOWN C	DUN1				1	BALT	IMORE			
DIRECTOR	10a. STATE 10b. COUNTY	LTIMORE	10c. CIT	Y, TOWN C		INDA I	l K		_			10d. INSIDE CITY LIMITS? XX	
	10e. STREET AND NUMBER	. Er sinorte					ZIP COD				10a, CITI	ZEN OF W	1 YES 2 ANO
FUNERAL	887 MILDRED AVENU							212					.S.A.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	T EVER IN U.S. AR YES XXIII WAR OR DATES	RMED NO		If yes, spe	ENDENT C Icity, Cube 2 Zuro	n, Maxica	nn. Puerto Ri	(Specify Yes	or No—	14. RACE Black Specif	— American Indian, , White, etc.
TE	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done i	CCUPATIO	N st of workin	na	16b.	KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Flementary/Secondary (0-12) 7 TH GRADE	College (1-4 or 5		. Do NOT u	oo retired.) USEK			-9	R	IVERV	IEW N	URSI	NG HOME
BE CO	17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surrame)  JOSEPH W. TUCKER  MARY WEEKS												
5	19e. INFORMANT'S NAME (Type/Print)  NANCY L. TUCKER  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  887 MILDRED AVENUE DUNDALK MARYLAND 21222												
	20b. METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 Removal from State 4 Donallon 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Capacity Cremeton ARTYLAND  20c. LOCATION - City or Town, State  BALTIMORE, MARYLAND												
	21. SIGNATURE OF EURIFICAL SERVICE GO	301	2		püt 79	A-RU	ICK T	AVE	NUE D	OME O UNDAL	F DUN K MD	DALK 2	
	23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate hock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final	l•									Interval Between Onset and Death		
	resulting in death)	esuiting in death)					corena						6 m
		DUE TO (OR AS A CONSEQUENCE OF):  Color  Col									10 mm		
VIION	If any, laading to immediata OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):												
H	reaulting in death) LAST												
MEDICAL	PART II. Other aignificant conditions	contributing to	death but not re	asuiting i	n the un	dariying	cause g	jiven in		24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									- [				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF D	EATH (Ch	eck only one)				
KS		1 Inpettent 2		□ DOA	OTHER 4 Nurs		5 0	aldenca	8 🗆 Other	(Specify)			
ВУ РН	1 Nstural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year)								Bd. OESCRIBE HOW INJURY OCCURED			
8	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, lerm									CATION (Street and Number or Rural Route Number, or Town, State)			
PLE	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of	my knowledge, dea	nth occurre	d at the tir	me, deta a	and place,	and dua	to the cause	e(a) and men	Der sa state	d	
COMPLET	one) 2 MEDICAL EXAMINER	On the besis of an	amination and/or in	nvestigatio	n, in my op	oinion, de	ath occur	ed at the	time, data a	nd place, and	due to the	cause(s)	and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIE	LIM	W			1	29c. LICE	NSE NUN	MBER	0	29d. OATE	SIGNED (	Month of Charl

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

10/2

020



MIS

31. DATE FILED (Month, Day, Year)
0CT 0 1 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Olervia	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

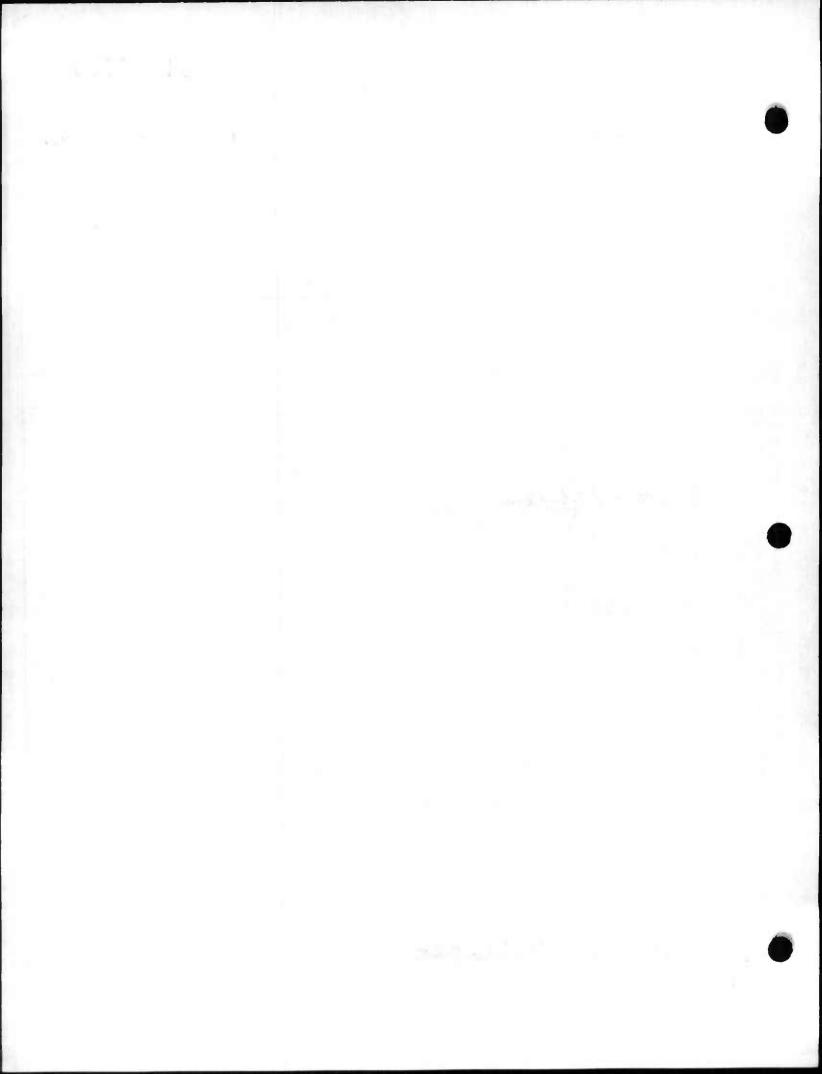
FOR 1 - STATE		STATE OF 1	MARYLAND /	/ DEPAI	RTMEN	T OF I	HEALTH	AND	MENTAL HYGIE		26	630
REGISTRAR  1. DECEDENT'S NAME (FI	irst, Middle, Lest)		Mary Agar	ERTIF	ICATE	OF	DEAT	ГН	REG. N  2. DATE OF DEATH  MONTH	VO.	YEAR 9 1	3. TIME OF DEATN
212-10-4966	4. SOCIAL SECURITY NUMBER 212–10–4966			yrs.	IF UNDER	R 1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		_	NPLACE (State or Foreign try)
St. Agnes Ho	spital	street and number)				y, TOWN D	DR LOCATIO	ON OF DE		9c. COL	UNTY OF D	EATN
St. Agnes Ho RESIDENCE OF DI 10a. STATE Md.	10b. COUNT	TY .		10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBE 2256 Sidney 11. MARITAL STATUS						101. ZIP CODE 21230					TIZEN OF W	1 ∑ YES 2 □ NO WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 [ 3 Widowed 4 Di	Married	FORCES? 1	TES 2 ND If yes, spe			CENDENT OF	n, Maxican	NIC ORIGIN? (Specify ) in, Puarto Rican, etc.)	Yes or No-			
15. Di (Specify of Elementary/Secondary		UCATION le completed)  College (1-4 or 5 +	(Gi	ECEDENT'S Give kind of v a. Do NOT us Secret	work done d se retired.)	CCUPATID during mo	iN st of workin	ig	16b. KIND OF B			
Lasiiir Taute	r						16. MOTNER'S NAME (First, Middle, Melden Surname) Agatha Vaitkunas					
198. INFORMANT'S NAME	198. INFORMANT'S NAME (Type/Print)  Charles J. Tauter Jr.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4500 Ambermill Road Baltimore, Md. 21236											
1 🖄 Buriel 2 🗆 Cremet 4 🗆 Donation 5 🗔 Oth	20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION - City or Town, State   4   Donatton 5   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Leonard J. Ruck Inc. 5305 Harford Road 21214											
23. PART 1. Enter the shock, or	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List pnly one cause on each line.  IMMEDIATE CAUSE (Final disease or condition											
if sny, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initileted events resulting in death) LAST  b. DUE TO (DR AS A CONSEDUENCE OF):  C. DUE TO (DR AS A CONSEDUENCE OF):											
PART II. Other algorithm	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.						PERFO	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	1 YES 2 NO THER: 1 Propertient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specily)											
2 Accident	Pending investigation  Could not be determined	nding entigetion   No.					261. LOCATION (Street	OESCRIBE NOW INJURY OCCURED  OCATION (Street and Number or Rural Route Number, State)				
3 Suicide 6 4 Nomicide 4 Nomicide 29a. CERTIFIER (Check only 1 CER	CTIFYING PNYSI	ICIAN: To the best/of or	ny knowledge, der amination and/or is	ath occurre	d at the tir	me, data i pinion, di	and place,	and dus t	lo the cause(a) and m	anner as atal	ited.	) and manner as stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (Month 29d. DATE												

22 REGISTRAR'S SIGNATURE
Julia Davidson-Rendall



31. DATE-FILED (Month; Day, Year)

OCT 0 1 1991



DALI IMURE, MARYLAND	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached moval.	cal examiner must be notified at once.	
Control of the Action of the A	TO THE HOSPITAL OR ATTENDING PRINCING. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After more ligate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after dear more State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is more a mitch 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR	STATE OF M	AADVI AND	/ DEDAG	TRACAL	T 0F 1	IFAITII	AND				26	631	
	1 - STATE REGISTRAR	SIMIL OF I	C	ERTIF	ICAT	E OF	DEA	ANU :	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	Emily Coulbourn Traband							9 28 91 12:			12:15 pM			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	217-42-1272	1 - M 2 X F	98	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)	893	Countr	Maryland	
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	Y, TOWN C	DWN OR LOCATION OF DEATH Sc. COUNTY OF DEA							
DIRECTOR	Baltimore County General Hospital						Randallstown					Baltimore		
H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OF						OR LOCATION					10d. INSIDE CITY		
									LIMITS?					
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	ZEN OF V	VHAT COUNTRY?	
띮	505 Sudbrook Lane											U.S	.A.	
5		12. WAS DECEDENT			13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	17 (Specify Ye	s or No—	14. RACE	American Indian.	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 XX	NO N		If yes, spe	2 NO	n, Mexica	n, Puerto I	Rican, etc.)		Speci	- American Indian, c, White, etc.	
	-Vie												hite	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(6	ECEDENT'S	work done	during ma	ON st of workin	ıa	16b	KIND OF BU	SINESS/IND	USTRY		
H	Elementary/Secondary (0-12)	College (1-4 or 5+		Do NOT us	retired.)			•						
₩.		Years		Home	make	r								
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, A	Aiddle, Maiden	Sumame)			
BE	William	Coulbo			_			Em		Tav				
2	19a. INFORMANT'S NAME (Type/Print)  Mr. William C. Tr	-11								er, City or Tow				
	20a. METHOD OF DISPOSITION	abang						Lane		kesvi]			21208	
	1 X Burisi 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	al from State	20b. PLACE Cemetery.cre Druid	AND DATE O	of DISPOS ther place	emet.	me of	10	DATI	20c, LC	kesvi			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE A		- Itzu	22.	NAME AN	D ADDRES	S OF FA	CILITY					
	> Hun K An		1 _		L	orin	g By	ers	Fune:	ral Di	recto	ors,	Inc.	
_					8	728	Libe	rty	Road	Rand	lallst	own.	MD 21133	
	23. PART 1. Enter the diseases, or co- shock, or heart fallure. Li	mplications that st only one caus	caused the de se on each line	eth. Do n e.	ot enter	the mod	de of dyl	ng, suci	h as cerd	lac or resp	iratory erro	est,	Approximate interval Between	
	iMMEDIATE CAUSE (Fine) disease or condition	1 1	.11	0-0	7 -	1	1	1	0		0	ſ	Onset and Death	
ľ	resulting in death) a.	Heur	OP AS A CONSE	outles of	de	tone	tion -	(pu	liove	puston	Herre	en T	Sustaline	
- 1	disease or condition resulting in death)  a. Acute Myocardial Justantian - Carelia vis purating Acuses of DUE TO (OR AS A CONSEQUENCE OF):  ASCUD.								W.					
Ó	Sequentially list conditions, b.		OR AS A CONSE	OUENCE OF	٦٠								Teen-	
¥	if any, leading to immediate cause. Enter UNDERLYING	·			,									
벌	CAUSE (Diseese or injury that initieted events	DUE TO (	OR AS A CONSE	QUENCE OF	):									
CERTIFICATION	resulting in death) LAST												İ	
2	0.												1	
A I	PART II. Other significent conditions	contributing to	deeth but not r	resulting i	n the un	derlying	ceuse g	iven in l	Part 1.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
8	CAF.									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
¥ I											<b>-</b>		OF DEATH?	
ä									_					
K	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ck only one	»)				
PHYSICIAN: MEDICAL		Inpetient 2	ER/Outpetlent 3	□ DOA	OTHER		5 % Res	udence	8. Dther	(Specific)				
E	27. MANNER OF DEATH 28s. DATE OF INJURY				OF	28c. INJU	JRY AT		ance 8 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED					
1 Netural 5 Pending (Morth, Day, Year) INJURY WORK? 2 Accident Investigation Investigation														
	3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At ho	me, larm, at	treet, fact	ory, office			28f. LOCA	TION (Street a	and Number (	or Rural Ad	oute Number,	
COMPLETED	4 Homicide determined	outding, e	с. (эрвспу)						City o	r Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of n	ny knowledge, de	ath occurre	d at the ti	me, data -	and place	and due	in the never	na(a) and = -	mas as ide:	4		
E C	one) 2 MEDICAL EXAMINER:	On the beals of axe	mination and/or i	Investigation	, in my o	pinion, de	ath occurs	d at the t	lme, date	end place on	d due to the	G.	and manner or stated	
	296, SUCHRETURE AND TITLE OF CERTIFIER	17		-11-3-0-						1				
BE	Derwan Amer	V.o. la.	1				29c. LICE				29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAMOR	NJ				20	13	11		- 9/	399	1.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dr. Herman Brecher

31: DATE FILED (Month, Day, Year)

OCT 0 1 1991

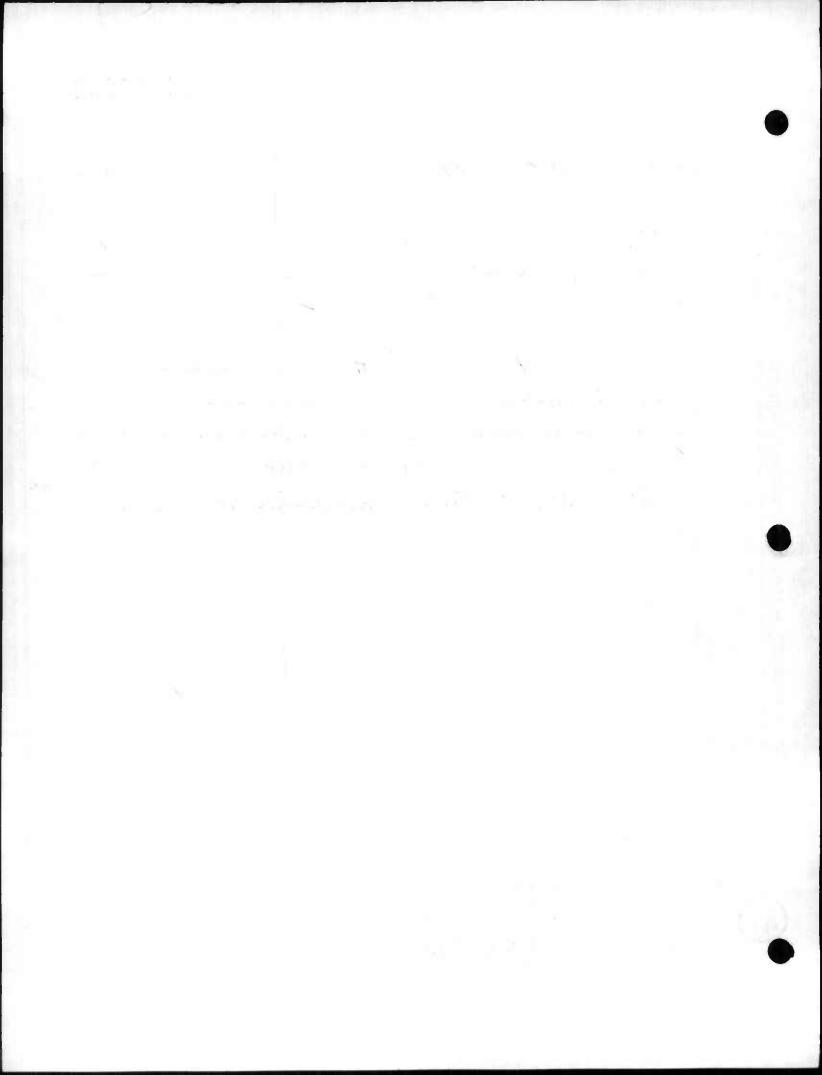
1 -

	4	lec lec
	N	9
The state of the s	within	npletel
200	cuted	100 р
2	exe	n an
5	2	Clai
1	ificate	phys
•	cert	ding
6	death	atter
Š	the	the
	lat	à
)	ties ti	gnec
1	regui	een s
ı	AM.	as b
	The	te h
	HAN:	rtifical
	S	90
,	품	THE STATE
	DING	After
	TEN	TOR:
	DR A	DIREC
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	ME FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
	Ψ	Ψ

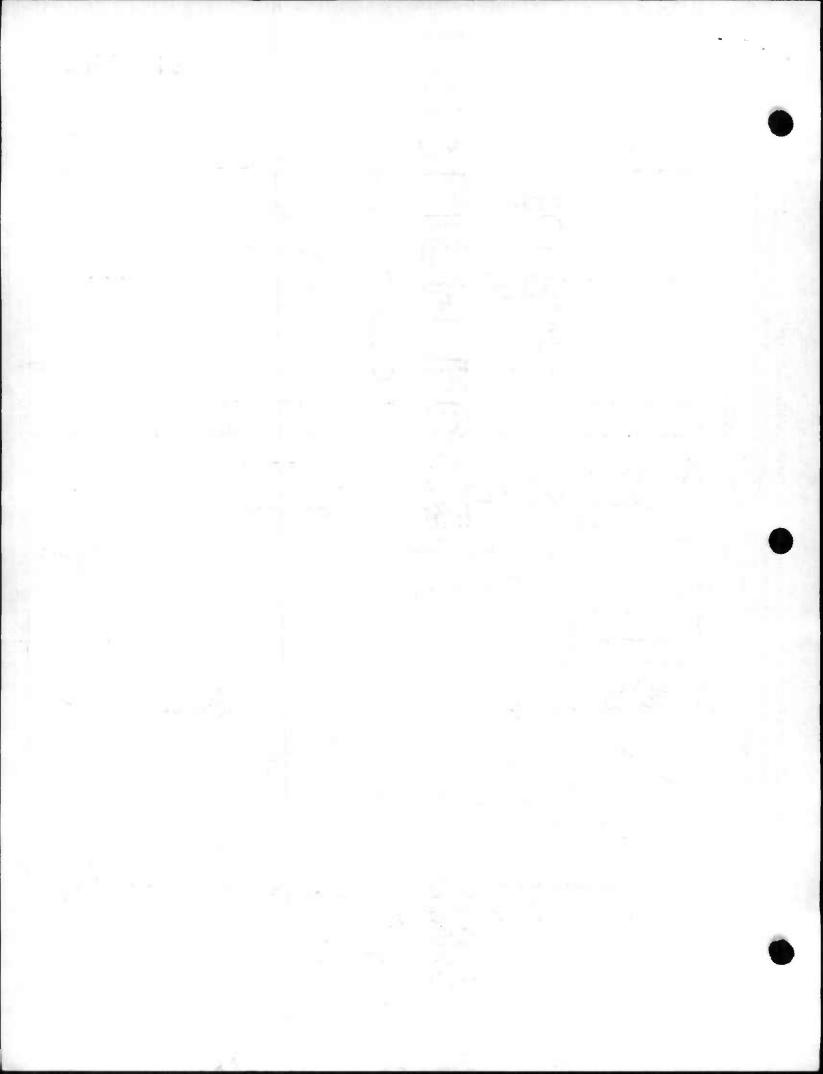
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH September 27, Harry Tucker 1551 01:20 a M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 48-86 1 M 2 | F DAYS HOURS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH FUNERAL DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY permit. nore YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 2121 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Pu 1 YES 2 10 Specify: IF YES, GIVE WAR OR DATES BY 4 Divorced BIACK COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) ge (1-4 or 5+) leacher 006 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mi te BE notified 19b. MAILING ADORESS (Street and Number 2 vurs after death. Page 6 may be 20a. METHOD OF DISPOSITION e e 20b. PLACE ANO DATE OF DISPOSITION (Name of OATE 20c. LOCATION must Burlel 2 Cremation 3 Res ☐ Donation 5 ☐ Other (Specify) 10/3/9 Wemovial examiner RE OF FUNERAL SERVICE LICENSEE Park Heights he osen Derrick C. Jones in by the fi medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximate ehock, or heart failure. Liet only one ceuse on each line. ŏ intervel Between **IMMEDIATE CAUSE (Final** the Onset and Death disease or condition reaulting in death) . Cardiac Arrest or other traumatic event, Crem DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Acute Respiratory Disease Sequentially list conditiona, 2 if sny, leeding to immediate cause. Enter UNDERLYING Aquired Immune Deficiency CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in desth) LAST Mental injury, PART ii. Other aignificant conditione contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any of Health 1 TES 2 NO 1 YES 2 NO Pept 23 25. WAS CASE REFERRED TO MEDICAL Item OTHER: 1 YES 2 NO death with the S marked, or II 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OFATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 28 Item ? hours 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINED OF the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D be filed within 72 hc IMPORTANT: If It 2 \_\_\_ MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Leren 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Naber Kassem, M.D. c/o Maryland General Hospital 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 1991 ia Davidson Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las		CENT WIDZBO			2. DATE OF MONTH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M					Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, giv	X -	15	b. CITY, TOW	N DR LOCATION OF I		-1916	JNTY OF DEA	NSYLVANIA	
TOR	FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY									
DIRECTOR	10s. STATE 10b. COU	10c. CITY,	TOWN OR LO				Dd. INSIDE CITY LIMITS?			
	MARYLAND B			FORT HOU 101. ZIP CODE	VARD	10g. CI		TYES 2 XND		
FUNERAL	9215 NORTH POIN			1	2105			u.s	S.A.	
BY FU	1 Never Married Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR DR	S 2VIND	If yee,	Specify Cuban, Maxie Specify Cuban, Maxie Specify Specify Spec	can, Puerto Rica			- American Indian, White, etc. WHITE	
TED	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16a. DECEDENT'S U: (Give kind of wo	k done during	TION most of working	16b. Kif	O OF BUSINESS/IN	IDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)  2 VFARS	FORI			BE	THLEHEM	STEEL		
	17. FATHER'S NAME (First, Middle, Last)	100		3,4			le, Malden Surname)		Tr.	
) BE	SIGMUND WIDTBOR  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Stre	et and Number or Rura	HUNSIN I Route Number,		(ip Code)		
2	HELEN T WIDTED		9215 M		POINT ROA	D FOR	T HOWARD		21052	
	1 D Buriel 2 Cremation 3 R 4 Donatton 5 Other (Specify)	emoval from State	of cemetary, crematory of AK LAWN CI	other place)		1			MARYLAND	
	1. SIGNATURE OF FUNERAL SERVICE UCENSES  22. NAME AND ADDRESS OF FACILITY  DUDA-RUCK FUNERAL HOME OF DUNDALK INC.  7922 WISE AVENUE DUNDALK MD 21222									
N	IMMEDIATE CAUSE (Finel disease or condition rasulting in death)	a. Due to (or A	s a consequence of:		mode of dying, au	ich aa cerdlad	or reapiratory e	rreat,	Approximate Interval Between Onset and Deatl	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):									
AL AL	PART II. Other algnificant condit	tions contributing to deati	h but not resulting in	the underl	ing cause given i		e. WAS AN AUTOPS! PERFORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Renal insuffic					I W YES 2 UNO DEC			DF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	The second secon			PLACE OF OEATH	Check only one)				
PHYSICIAN:	1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Mursing Home 5   Residence 8   Or						Other (Specify) DESCRIBE HOW INJURY OCCURED			
BY PI	27. MANNER OF DEATH  1 Natural 5 Pending  28a, DATE DF INJURY (Month, Day, Year)  28b, TIME OF INJURY AT WORK?  1 VES 2 ND							INJUNI OCCURED		
8	2 See PLACE OF thJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF thJURY — At home, farm, street, factory, office City or Town, State)								ute Number,	
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: Dn this basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTI	IFIER	raryl I		29c LICENSE N	1UMBER +33 <	29d. D/	ATE SIGNED	Month, pay, Year)	
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)			·			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	AGNATURE Davidson-Rand			-				
	MALL S	1000	mulasan-Nano	4304					DHMH-16 Rev 1	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEAT		3. TIME OF DEATH							
	Bessie F. Wrigh	ntson	9	24	1 606 AM							
		SEX 6. AGE (1)	244	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Dey, Ye 10-4-1	912 N	BIRTHPLACE (State or Foreign Country)  laryland				
	9e. FACILITY NAME (If not institution, give street Francis Scott Ke			altin	OR LOCATION OF DE		9c. COUNTY	-				
5	RESIDENCE OF DECEDENT	ey med. Co		Jaicin	MOTE							
DIRECTOR	10e. STATE 10b. COUNTY Md			own or local	rion ce City	_		10d. INSIDE CITY LIMITS? 1 YES 2 ANO				
	10e. STREET AND NUMBER			10	I. ZIP CODE		OF WHAT COUNTRY?					
E E	3723 Mount Pleas	sant Ave.,			21224		U.S.	. A				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	2, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexical 2 NO Specify	n, Puerto Rican, et	c-)	RACE — American Indien, Black, White, atc. Specify: Vhite				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during me		16b. KIND 0	F BUSINESS/INDUS	TRY				
ž	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)			Worker	POT	neian (	Olive Oil				
5	17. FATHER'S NAME (First, Middle, Last)		Hanara	curci	,	ME (First, Middle, M		DIIVE OII				
2	Unknown											
TO BE	Unknown  196. INFORMANT'S NAME (Type/Print)  Mary Kwiatkowski  196. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8 West Kingston Park Lane, BAlto											
	20e. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE LICEN		<u>ak Lawn</u>	22. NAME A	NO ADDRESS OF FA	CILITY						
	· Willah	2		Morar	ı-Ashtor	ı Funer	st.,Bal	e, INC. to.Md.21224				
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 NO										
Ž	All						_					
3		OSPITAL:		THER:	LACE OF DEATH (Ch	Orași a Morrae						
2	1 TYES 2 NO 1	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO										
÷ "	1 Netural 5 Pending	(Month, Day, Year)	INJU	IY W	ORK? YES 2 NO	200. DESCRIBE	now indon roots					
	Law adjusted		3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)									
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term, str ify)									
B	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only 1	building, etc. (Spec	ify)			to the cause(e) e		ceuse(e) end manner se stated.				
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only 1	building, etc. (Spec	ify)			to the cause(e) a time, date and pla	ece, end due to the					
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	building, etc. (Spec	ify)		death occured at the	to the cause(e) a time, date and pla	ece, end due to the	ceuse(e) end manner as stated.				
COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the beste of examination	idge, death occurred in end/or investigation,	in my opinion,	death occured at the	to the cause(e) a time, date and pla	ece, end due to the	ceuse(e) end manner as stated.				



WOLLTON SHOW

DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-within 72 hours after death with the State Dept. of Health and Mental Hygher point to burial-manufacture.
--

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH		3. TIME OF DEATH			
	Jenae D.	Weston				9 <sup>00NTH</sup> 18	199	EAR 8:30 a M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DATE OF BIRTH   1 M 24 F P P P P P P P P P P P P P P P P P P					6.	BIRTHPLACE (State or Foreign Country)			
	Se. FACILITY NAME (If not institution, give	street end number)		9b, CITY, TOWN	OR LOCATION OF D		91	Maryland Y OF DEATH			
CTOR	ANN ARUNDEL GENERAL HOSPITAL ANNAPOLIS ANN ARUN										
DIRECTOR	MD .	TY		ry, town on Local Annapo				10d. INSIDE CITY LIMITS? 1 YES 21 NO			
FUNERAL	100. STREET AND NUMBER 1104 Preside			10	21403			N OF WHAT COUNTRY? U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2- NO R OR OATES	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 3-NO Speci	NIC ORIGIN? (Specify Ye an, Puerlo Rican, etc.) fy:	s or No 14	Black, White, etc.  Specify: Black			
COMPLETED	15. DECEOENT'S EO (Specify only highest grad Elementery/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of	USUAL OCCUPATI work done during m se retired.)	ION ost of working	16b. KIND OF BU	SINESS/INDUS	TRY			
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Melden	Surname)				
8	Demetri West 190. INFORMANT'S NAME (Type/Print)	on			Patr	icia Crov	vner				
2	Patricia Crow	ner	1104	Presio	dent St	Route Number, City or Tow Annapo	n, State, Zip Co Lis, MI	D. 21043			
	20e. METHOD OF DISPOSITION 1 10 Burlel 2 Cremetton 3 Re- 4 Donation 5 Other (Specify)	moval from State	cemetery, crematory or o	CEANDDATE OF DISPOSITION (Name of commonly or other place)  Annapolis,  Annapolis,							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AND ADDRESS OF FACILITY  Reese& Son Mortuary Annapolis MD.  23. PART L Enter the disease or complications that caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the mark of the caused the depth Do not extend the depth Do not extend the caused the depth Do not extend the caused the depth Do not extend the depth Do not extend the caused the depth Do not extend the caused the depth Do not extend to the caused the depth Do not extend the caused the depth Do not extend to the caused the depth Do not extend the caused the depth Do not extend to the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caus										
	Larry	y. R	lese 100	Rees	se& Son	Mortuary	821 V	Vest St21401			
	23. PART I. Enter the diseases, or complications that caused the dasth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, ahock, or heart deliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Out TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequantially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Vicence or Indus)										
ERTIFI	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):  resulting In death) LAST										
C	PART II. Other aignificant condition	ens contributing to d	leath but not requiting	in the underlyin	a causa alwa la	Part I. 24a. WAS AN	ALITORAY				
MEDICA					g	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \sqrt{N} \) NO			
A	25. WAS CASE REFERRED TO MEDICAL	1									
딩 딩	EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C)						
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 200	ER/Outpetient 3 DOA	1		6 Other (Specify)					
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day UNKNOWN	( Year) IN.	JURY WO	JURY AT ORK? YES 2(X) NO	UNKNOWN	NJURY OCCUR	RED			
ETED (	3 Suicide 6 XXCould not be determined	28e. PLACE OF building, e	INJURY — At home, ferm, Ic. (Specify)	OHIVIOWII							
COMPLE			ny knowledge, death occurr minstion end/or investigation					euse(s) and manner ee stated.			
BE	294 SIGNATURE AND TITLE OF CERTIFIE	ER		O C M		29d. DATE SIGNEO (Month, Day, Year)  ▶ 9 - 18 - 91					
2	30. HAME/ANO ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)	O C M	ם	- 7-1	0-51			
7	A.M. DIX	Cen	111 N		STREET	BALTIMOR	E,MAR	YLAND 21201			
	OCT 0 1 1991	Julia Davidso	s signature								

		FOR
1	_	STATE
4		REGISTRAR

	1 - STATE REGISTRAR	STATE OF MARY		ICATE OF	HEALTH AND	MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	IOAIL OF	DEATH	REG. NO		3. TIME OF DEATH			
	CHARLES	C. WIL	102			MONTH - 2	AY _ 9 YEAR	מיזר ם.			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	0. Bit	RTHPLACE (State or Foreign				
	212-34-6160	1 X M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	G	untry)			
	Ge. FACILITY NAME (If not institution, give s	treet and number)	1	9b. CITY, TOWN	OR LOCATION OF		9caCOUNTY OF	F DEATH			
OR	Daltimore Coun	ty General 1	tospital	Dal	to.		Dalt				
5	RESIDENCE OF DECEDENT		1 2 20		~		12.21				
DIRECTOR	108. STATE 10B. COUNTY 10CCITY, TOWN OR LOCATION 10A										
	10e. STREET AND NUMBER	TX ITO.									
IRA	2160 17.	nery lan	0	10	7 ID	a	10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	CICO	PANIC ORIGIN? (Specify Yea	U-	24			
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCE®? 1 YES	2 NO	II yes, sp	ecify Cuben, Max 2 NO Spe	Ican, Puerto Rican, etc.)	BI	ACE — American Indian, lack, White, etc.			
0	15. DECEDENT'S EDU	CATION		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	Place			
Ē	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	work done during mo e retired.)	ost of working						
APL	9th										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	00.			16. MOTHER'S	NAME (First, Middle, Maiden	Surneme)				
BE	Lloyd Gri	++10			War	1 (N 2/+	Ison				
2	19a. INFORMANT'S NAME (Type/Print)	\	19b. MAILING	AOORESS (Street	and Number or Aun	Aoute Number, City or Town	n, State, Zip Code)	1 = 3 - 6			
	200 METHOD OF DISPOSITION	1170	D.PLACEAND DATE	14 ta	went	lane Du	16. W	d-51501			
	1 A Buriel 2 Cremation 3 Remi	oval from State	hetery, cremetory or of	her place)	The T	10-391 20c LO	CATION - City or	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	-11.1	22. NAME A	ND ADDRESS OF		2011	IIICE			
	Allumi	D. 1	11	Mac	h = 1.1	43	9000	ibash the.			
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do a	Mare		J +5+10-	xa1to	Md. 51512			
	snock, ortheart remote.	Liet only one cause on e	ech line.	or enter the mo	de or dying, et	ich se cerdiec or respi	ratory srrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	Dol	A.T.	- /11.	. 10- 1	-01-24.		Onaet and Death			
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	15 4	Julia	acce min					
2		Ess	nhases	R/ C	CACIN	my nu	Trustali	2			
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate DUE TO (OR AS CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
E I	that initiated events resulting in deeth) LAST	DUE TO (OR AS /	A CONSEQUENCE OF	):							
S		f									
AL	PART II. Other aignificent condition	e contributing to death b	out not resulting i	n the underlying	g cause given i			4b. WERE AUTOPSY FINDINGS			
EDIC						PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
Σ							24,000	1 U YES 2 NO			
SICIAN:											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOPPITAL:	3-00	26, PL OTHER:	ACE OF OEATH (C	Check only one)					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY		4 - Nursing Hom		6 Other (Specify)					
	1 Natural 5 Pending	(Month, Pay, Year)	28b. TIME	PRY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURED				
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	- At home form of	M 1 1		NA					
日日	4 Homicide 6 Could not be	building, etc. (Spec	CHY) X1/A			261. LOCATION (Street a City or Town, State)	11/1	Final Number,			
LET	290. CERTIFIER	NAME TO SEE A SECOND	NA	- VA - VA - I	_		10/1				
COMPL	(Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination	ledge, death occurre	d at the time, date	end place, and du	e to the cause(e) end men	ner as atated.				
	2964 SIGNATURE AND TITLE OF CERTIFIER		77.00	T							
BE	Drivelle 9 1	m. Am I	10 11	111	29c. LICENSE NI	MHER	29d. DATE SIGNE	ED (Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	カン	1177	1	20-71			
	GRISELDA E.	TIU MD	- Bu	eto.	Count	y gen.	Hosp.	).			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			0	V				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

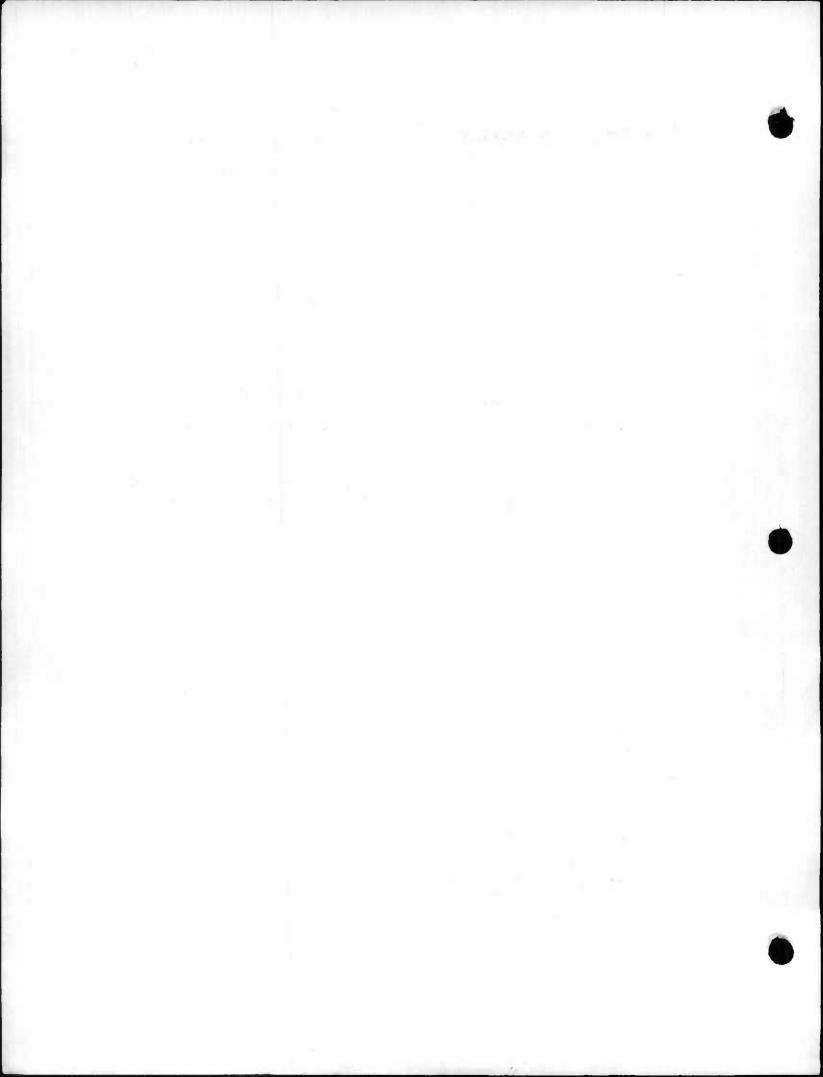
	1. DECEDENT'S NAME (First, Middle, Last)	Ha	, wal	12-	2. DATE OF DEAT	DAY 9	EAR 3. 1	9:28 P	
	4. SOCIAL SECURITY NUMBER  241-32-1251			DER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLA Cauntry)	CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give st			TY, TOWN OR LOCATION OF I	DEATH	9c. COUNT			
DIRECTOR	TRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Ned	100-GUTY, TOW	N OR LOCATION	Ç		100	1. INSIDE CITY LIMITS? YES 2 \( \) NO	
FUNERAL	100. STREET AND NUMBER 4712 Norwo	od ave		101. ZIP CODE	07	10g. CITIZE	N OF WHAT	COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP, If yee, specify Cuban, Mexic 1 YES 2 NO Speci	can, Puerto Rican, etc		Black, Wi Specify:	American Indian, hita, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF	BUSINESS/INDUS	STRY		
E COMPL	TREATHER'S NAME (First, Middle, Last)	Swith	USTORI	18. MOTHER'S N	IAME (Figs), Middle, Me	iden aumame)	uit	h	
2	INFORMANT'S NAME (Type/Print)	07	4712	SS (Street and Number or Rura NOYWGO	d Cive	0	112	67	
	20s. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Ram  Donation 5 Date (Specify)  11 GLOMATURE OF POWERAL SERVICE LES	oval from Stata	PLACE AND DATE OF D emetary, crematory or of UCTYPEY		1. 16/5/41	LOCATION — CH	ry or Town,	Stata Med	
	THE CONTRACT OF THE CONTRACT O	Touff	D.	22. NAME AND ADDRESS OF I	Pari	th a	RP	2121:	
Q	PART I. Enter the diseases, or on shock, or has triallure.  IMMEDIATE CAUSE (Final	complications that caused List only one cause on as	the death. Do not and the line.	itar the mode of dying, su	ich as cardiac or i	eapiratory arres	it,	Approximata Interval Betw Onset and De	
	disease or condition resulting in death)	s. S-Ulle	CONSEQUENCE OF):	4				9 day	
z		1		ton dise	~			71040	
2	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	,					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		, , , , , , , , , , , , , , , , , , ,				
EDICAL CE	PART II. Other significant condition	es contributing to death be	ut not resulting in the	underlying cause given i	PE	S AN AUTOPSY RFORMED?	AM	RE AUTOPSY FINDS ALLABLE PRIOR TO EMPLETION OF CAUS	
					1 U Y	S 2 NO	OF	DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (	Check only one)	1			
HYSI	1 WES 2 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Dell, Year)		Nursing Home 5 Residence 28c. INJURY AT WORK?		OW INJURY OCCU	PREO	1077	
BY	1 Natural 5 Pending 2 Accident Investigation	H/A		1 YES 2 NO	28f. LOCATION (S	treet and Number o	r Bural Bout	n Number	
COMPLETED	(Oriect Oriny	ICIAN: To the best of my knowl ER: On the basis of axemination						nd manner as state	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	*		29c. LICENSE N	UMBER	29d. DATE	1.0	onth Day, Year)	
2	Se NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	GAL U	296/1	9	121	( 1/	
	31. DATE FILED (Month, Day, Year)	MG C (	cents					4	
	OCT 0 1 1991	Julia Davidson	Pandelle						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

and the second at the report of the total HILL YEAR ALL CLYP DESTRUCTION OF THE WATTON the state of the state of the state of

BALLIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ont, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the fu- be flied within 72 fourwe after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. Nation 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			ENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)  DOROTHY		HY E. WAR	DER		2. DATE OF DEATH DATE	4 9 /	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  213-12-9965  96. FACILITY NAME (If not institution, give a	1 □ M 2 🖾 F 77	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-1-14	Co	ATHPLACE (State or Foreign unity)  Tyland		
TOR	Dulaney Towson N			Towson	H EOCATION OF OEA		Balti			
DIRECTOR	10e, STATE 10b. COUNT	v imore	10c. CITY, T	OWN OR LOCAT	TION		10d. INSID			
FUNERAL	10e. STREET AND NUMBER  111 West Rd.			101	21204		U.S.A	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPANIC cuben, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecify: h 1te		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo		16b. KINO OF BUS	SINESS/INOUSTR	γ		
MPL	12 yrs	Conege (1-4 or 5+)	Seamstre	SS	- Company of the Comp	Seamst				
8	17. FATHER'S NAME (First, Middle, Lest) William Engle				Mary Fi	E (First, Middle, Meiden fer	Sumame)			
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street a		oute Number, City or Tow	m, State, Zip Code	)		
2	James W. Warder		305 Fe	lton R	d. Luther	ville, Md	. 21093			
	20a. METHOD OF DISPOSITION 1 ☒ Burlel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	PLACE OF DISPOSITION OTHER PROCESSION OF				erlea,			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Ruck		uneral Ho Towson,				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A LTELIOSCLERETE CEREBROVASCULAR DISCASSE  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other significant condition	na contributing to death b	ut nof resulting in	the underlyin	g cause given in P	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Chec	ck only one)				
SIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	atient 3 DOA 4	THER: Nursing Hon	ne 5 🗆 Residence 6	Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending inventigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT DRK? YES 2 NO	28d, DESCRIBE HOW	DESCRIBE HOW INJURY OCCURED			
	3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	ice 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
BE COMPLETED	Contract and	SICIAN: To the best of my know ER: On the basis of examination						se(e) end manner as stated.		
	296. SIGNATURE AND TITLE OF GENERAL	tur			29c, LICENSE NUMB		≥ 29d. DATE SIG	NED (Month, Day, Year) Sep 9 (		
5	Marc Leavey 760			int)		•		1		
	31. DATE FILED (MUNIS, Day, Year)	32, REGISTRAR'S SIGN								



FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR YEAR												
	4. SOCIAL SECURITY NUM	BER .	CA 5. SEX		RIC W		_				9,19	991	1:00 A.
	218-16-1		1X XM 2 □ F	4		IF UNDER	DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year)	110	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not is		street and number)			9b. CITY	, TOW	N OR LOCATI	ON OF DE	SEPT.25		9c. COUNTY OF DEATN	
5	623 EAST	38th	. STREE	T		В	AL	TIMOF	RE,C	ITY			
DIRECTOR	RESIDENCE OF DE	10b. COUN	TY		10c. C	TY, TOWN	OR LOC	CATION				1	Od. INSIDE CITY
	MARYLAND					В	AL	TIMOE	RE,C	ITY		,	LIMITS? YES 2 NO
RAL	10e. STREET AND NUMBER		C T D D T				1	10f. ZIP COD		1.0	10g. CIT		AT COUNTRY?
FUNER	623 EAST	3811	12. WAS DECEDEN	T EVER IN	S. ARMED	13.	WAS DE	SCENDENT (	212		or No		S • A •
BY	Never Married 2 3 Widowed 4 Dive	orced	IF YES, GIVE Y	YES	NO S	4 T Men and the second						Black, \ Specify:	WHITE
TEC	(Specify on	EDENT'S ED y highest grad	UCATION le completed)	10	(Give kind of	work done -	CCUPAT during (	TION most of working	ng	16b. KINO OF BU	SINESS/INC	DUSTRY	
P.E	Elementary/Secondary (i	1-12)	College (1-4 or 5		EPT.		ECI	REATI	ON	CITY C	F BA	ALTIM	ORE
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)								ME (First, Middle, Meiden			
BE C	CARL ERI		STMAN SR							SAWCHAC			
0	19a. INFORMANT'S NAME (					MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						4000	
	HELEN WESTMAN  1514 STONEWOOD ROAD BALTO, I  20s. METNOR OF DISPOSITION 1 Buries 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely cremation or other place) 20c. LOCA 20c. METNOR OF DISPOSITION (Name of completely cremation or other place)												
	GREEN MT. CREMATORY 9/30 BALT												
	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE	1 (314	EEN M			AND ADORE					0.21212
V	> 6 din	7 2	m?	b'	/	, I	N.T. 7	3.7 T.T	TDN				
	23. PART i. Enter the d	iseases, or	complications the	t causad th	na death. Io	not anter	tha m	noda of dyl	ng, sucl	IKINS AND	ratory an	reat,	Approximata
	IMMEDIATE CAUSE (Fit		List only one cau	ise on aacr	n lina.	1 n	1	1	. 10	nal I	- 50	. 1	interval Between Onset and Da
- 1	resulting in death)	<b>→</b>	a. VIS	semi	nare	7	140	20129	CTE	nai +	nte	CHO	1
z			Cut	10000	o lov	1rus		Inf	ect	10n			
일	Sequentially list condit if any, leading to imme	NSEQUENCE O	OF):		10		0	1					
	CAUSE (Disease or Injury								cce	ncy Dy	nar	ome	<b></b>
CERTIFICATION	that initiated events resulting in death) LAST									1			
													1
MEDICAL		not resulting	resulting in the underlying causa given in P				PEREOF	MED?	A	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION DF CAUS			
							1 □ YES 2	M NO	OI	F DEATH?			
ż												'	YES 2 NO
질	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. PLACE OF DEATH (Check only one)												
HYSICIAN:	1 YES 2 NO		1 Inpatient 2			4 Nun	ing Ho		sidence	a Other (Specify)			
م ا	Netural 5	Pending Investigation	28s. DATE OF (Month, D	ay, Year)	28b. Til	JURY M	W	NJURY AT YORK? YES 2	NO	26d. DEŞCRIBE HOW II	NJURY OC	CUREO	
0 84	2 Accident 3 Suicide 6	At home, farm,	streat, fact			1	28t. LOCATION (Street a	nd Number	or Rural Rout	te Number,			
ETE	4 Homicide						City or Town, State)						
COMPL	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and to one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place,									time, data and place, an	d due to th	e cause(s) ar	nd manner as stated
BE (	29b. SIGNATURE AND TITLE					NSE NUM		29d. DATI		onth, Day, Year)			
2	30 NAME AND ADDRESS OF	PERSON W	HO COMPLETED CALL	RE OF AFAT	(ITEM AT C	Onl-41		1 1	25	164		1/30/9	1
	JANET HO		O SOMPLETED CAUS	SE OF DEATH			Ē.M	BURY	STI	REET BAI	TIM	ORE.	MD.2120
	31. DATE FILED (Month., Day,		DOT TOUTRA	CHAPATU			-	andelle	_	Law E DAI		J - 1 am / 1	
	1.7	1	DOT	1221	June	NHV (dda	1	- Induc	1				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

26639

and the Arthur and The second di and have a provide a special country a 1975 per gase produceron bring y A

Š		
5		
חבושרוובח	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0000
5		6
SINCE O		parked or liem 23 shows any injury or other traumatic event, the medical examiner must be notified at occur
one	,	ha
COLOR.		must
5		iner
5000		AYam
2	Sya	-
5	Em.	die
	5	ě
	'n.	9
	Jati	Ξ
-	cren	rent
	al,	-
	P	i
	2	E
	orior	5
	piene	ther
	¥	7
1	ntal	2
2	Me	Die
	and	2
	afth	36.3
	of He	how
1	H.	60
	å	2
2000	State	llen.
1	the	0
	WITH	rked
5	5	33

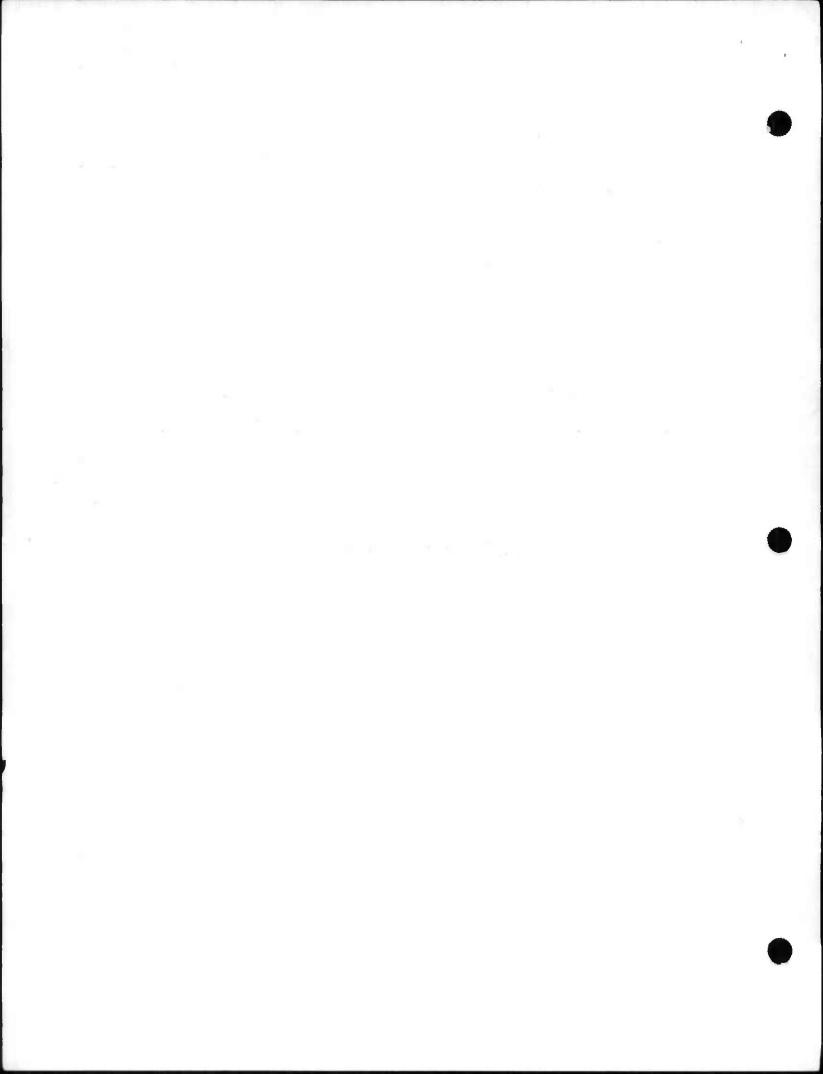
	FOR STATE REGISTRAR   FOR 1 FO	7	IARYLAND /	DEPAR	TMENT ICATE	OF HI	FALTH.	AND N	IENTAL HYGIEN		20	540
	1. DECEDENT'S NAME (First, Middle, Lest) GWENDOLYN	L. YOW	Y.		43.373	-1			2. DATE OF DEATH MONTH D	AY 27	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-62 9312	218-62 9312 1□M2 本 37						MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-14-54	8. BIRTHP Country)	7:58 p. TACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give THE JOHNS HOPKIN RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						LTIMC			
L DIRECTOR	100. STATE 10b. COUNT	īΥ			y, town on 1 t i moi		ON					10d. INSIDE CITY LIMITS? 1XX YES 2 NO
FUNERAL	4503 Pimlico	Road				10f.	2121	5			J S A	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 JF YES, GIVE W	YES 27 A	MED NO	H y	es, spec	NDENT OF city Cuban, 2 X NO	, Mexican	C ORIGIN? (Specify Yee, Puerto Rican, etc.)	or No—	14. RACE - Black, Specify	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad) Elementery/Secondary (0-12) 10th	JCATION e completed) College (1-4 or 5 +	(G	CEDENT'S ive kind of a Do NOT us	USUAL OCC work done dur se retired.)	L OCCUPATION one during most of working dd.)  16b. KIND OF BUSINESS/INDUSTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel Yow  18. MOTHER'S NAME (First, Middle, Malden Surneme) Irene Gissenganer											
2	19a. INFORMANT'S NAME (Type/Print) I rene Yow  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4503 Pimlico Road Baltimore, Md 21215											
	20g. METHOD OF DISPOSITION  1 (3) Burlel 2 Cremation 3 Ren  4 Donetion 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE A	AND DATE OF	remor i	al	Park		10391 R	anda l	-	wn, Md
	* Glem	ND.	Acai	H		430		abas	h Avenue			
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory srrest, abock, or heart fellura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):											
MEDICAL	Colitis  PERFORMED?  1 YES 2 NO  OF DEAT										YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Outnellant 2	_ no.	OTHER:		CE OF DEA					
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF I	NJURY	28b. TIME	E OF 26 URY	c. INJUI			Other (Specify)  28d. DESCRIBE HOW II	NJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	reet, factory, office 281.				281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)			ute Number,			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of a	my knowledge, dea amination end/or is	eth occurre	d at the time	, date e	nd place, e	nd due to	the cause(s) end men	ner as atate	ed. • ceuse(e) :	and manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  Acian Alorm  30. NAME AND ADDRESS OF PERSON WH	MO ME		2 E S / (Type,	OENT Print)	- 1	29c. LICEN	SE NUME	ER	29d, DATE	SIGNED (A	Aonth, Day, Year)
	31. DATE FILED (Month, Day, Yould)	1 32 REGISTRAF	N. B.	widow	-Alnd	3	alho.	MO	0.	-		

1. DECEDENT'S NAME (First, Middle,	- LAKL		ALTHOFF		REG. NO. 9-20	
4. SOCIAL SECURITY NUMBER	red injet	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS. 7. DATE	9-20-91	B. BIRTHPLACE (Stal
213-18-0840	1 X M 2 G F	79 YRS.		IRR MIN. (Mon	th, Day, Year) 21/12	PENNSYL
59. FACILITY NAME (If not institution, FREDERICK MEI	-	ΙΤΔΙ	96. CITY, TOWN OR LO			EDERICK
RESIDENCE OF DECEDEN	IT		TY, TOWN OR LOCATION		11/1	10d, INSID
œ II	REDERICK	38160	REDERICK			1 (X) YES
100. STREET AND NUMBER			101. ZIP			EN OF WHAT COUN
122 STONEGATE I	T	T EVER IN U.S. ARMED		702 ENT OF HISPANIC ORIG		J.S.A.
3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 XNO		Cuban, Mexican, Puerto		Specify: WH
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16e. DECEDENT'S	S USUAL OCCUPATION work done during most of use retired.)	worlding 16	b. KIND OF BUSINESS/INDU	STRY
	College (1-4 or 5 +	carpen			Carpentry	V
17. FATHER'S NAME (First, Middle, Las					Middle, Maiden Surname)	N. S.
FREDER:		ALTHOFF	C ADDRESS (Street and N	ELSIE	NMI SEIDE	
2 SHARYN GILLIAM	,		and the second s		EDERICK, MAR	
20a, METHOD OF DISPOSITION 1X Burlel 2 Cremation 3	Removal from State	20b. PLACE AND DAT	TE OF DISPOSITION (Nat	me DA		
4 Donetion 5 Other (Specify)  21. SIGNATUSE OF UNERAL SERVICE		BLUE RI	DGE CEMETE	RY 9/24	THURMON	T, MARYL
IMMEDIATE CAUSE (Final disease or condition	s, or complications that liure. List only one cau	t caused the death. Do	615 EAS	ST MAIN ST	& SON FUNER REET, THURM( rdisc or respiratory arre	ONT MD.
shock, or heart fel	Due To	t caused the death. Do see on each line.	615 EA! not anter the mode of the control of the co	ST MAIN ST	REET, THURM(	ONT MD.
Shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	TON AS A CONSEQUENCE C	Falue  Falue  File  Fire I	ST MAIN ST of dying, such as ca	REET, THURM(	ONT MD.
Shock, or heart fall immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	b. DUE TO c	OR AS A CONSEQUENCE (	615 EA: not anter the mode of Facluse OF):  Finite 1 OF):	ST MAIN ST of dying, such se ca	REET, THURM( rdisc or respiratory arre	ONT MD Applints Ont
Shock, or heart fall shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO c	OR AS A CONSEQUENCE (	615 EA: not anter the mode of Facluse OF):  Finite 1 OF):	ST MAIN ST of dying, such se ca	REET, THURMO	ONT MD Applints Ont  4  24b. WERE AU AMAILABLE COMPLET
Shock, or heart fall shock, or heart fall immediate (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO c	OR AS A CONSEQUENCE (	615 EA: not anter the mode of Facluse OF):  Finite 1 OF):	ST MAIN ST of dying, such se ca	REET, THURM( rdisc or respiratory arre	ONT, MD.
Shock, or heart fall shock, or heart fall immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO  c. DUE TO  d	OR AS A CONSEQUENCE (	615 EA: not anter the mode of Factorial OF): OF): OF): 28. PLACE	ST MAIN ST of dying, such se ca	PREET, THURM( rdisc or respiratory arre	ONT MD Applints Ont  24b. WERE AUT AMAILABLI COMPLET OF DEATH
Shock, or heart fall shock, or	b. DUE TO  c. DUE TO  d. HOSPITAL: 14 Inpatient 2	GR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( death but not resulting	615 EA: not anter the mode of Facilities  Facilities  OF):  OF):  28. PLACE  OTHER: 4 □ Nursing Home 5	ST MAIN ST of dying, such se ca	REET, THURM( rdisc or respiratory arre	24b. WERE AUT AWAILABLI COMPLET OF DEATH
Shock, or heart fall immediate (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the cause of the	b. DUE TO c. DUE TO d. ditions contributing to	COR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( OR AS A CONSEQUENCE (  death but not resulting	of 15 EA: not anter the mode of the control of the	ST MAIN ST of dying, such as ca	REET, THURM( rdisc or respiratory arre	24b. WERE AU AVAILABLE COMPLET OF DEATH  1 YES
Shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the cause of the c	b. DUE TO  C. DUE TO  d. DUE TO  d. Inpatiant 2  26e. DATE OF (Month, Dietion pot ba	COR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( OR AS A CONSEQUENCE ( OR AS A CONSEQUENCE (  death but not resulting	of 15 EA:  not anter the mode of the content of the	OF DEATH (Check only Residence 6 Ott AT 28d. D 28f. LC	REET, THURM( rdisc or respiratory arre	24b. WERE AU AMAILABL COMPLET OF DEATH 1 YES
Shock, or heart fall shock, or heart fall immediate (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions, if any, leading in death) LAST  PART II. Other significant conditions, in the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of	DUE TO  DUE TO  DUE TO  C.  DUE TO  d.  ditions contributing to  ditions contributing to  CAL  HOSPITAL: 10 Inpatient 2 Co. Month, D  action  oot ba ned  PHYSICIAN: To the best of	desth but not resulting    CR AS A CONSEQUENCE	of 15 EA: not anter the mode of the control of the	ST MAIN ST of dying, such se ca	PREET, THURM( rdisc or respiratory arre  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DOCATION (Street and Number of Yor Rown, State)	24b. WERE AU AMAILABL COMPLET OF DEATH 1 YES
Shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations are sufficient to the conditions are sufficient to the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the cause. The conditions are sufficient to the cause of	b. DUE TO  DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  AMINER: On the best of experience of exper	desth but not resulting    CR AS A CONSEQUENCE	of 15 EA:  not anter the mode of the control of the	ST MAIN ST of dying, such as ca  Such a such a such as ca  Such a such as ca  Such a such as ca  Such a such	PREET, THURM( rdisc or respiratory arre  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DOCATION (Street and Number of yor Rown, State)  DOCATION (Street and Number of the and place, and due to the	24b. WERE AU AMAILABLE COMPLET OF DEATH 1 YES  URED  Or Rural Route Numb
Shock, or heart fall shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations are sufficiently as a sufficient condition of the condition	b. DUE TO  DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  AMINER: On the best of experience of exper	desth but not resulting    CR AS A CONSEQUENCE	of 15 EA:  not anter the mode of the control of the	ST MAIN ST of dying, such se ca	PREET, THURM( rdisc or respiratory arre  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DOCATION (Street and Number of yor Rown, State)  DOCATION (Street and Number of the and place, and due to the	24b. WERE AU AMAILABL COMPLET OF DEATH 1 YES

	FOR 1 - STATE	STATE OF N					EALTH AND I DEATH	MENTAL		E		0
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPHINE	С.	ANNAN	HIII	ICATE	<u>OF</u>	DEATH	2. DATE MONTH Sept		1991	YEAR	3. TIME OF DEATH 4:50 A. M
	4. SOCIAL SECURITY NUMBER 2 12 - 07 - 5603	5. SEX 1  M 2  F	6. AGE (In yrs. last	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	July	OF BIRTH	10	Balt	PLACE (State or Foreign O. Md.
0	90. FACILITY NAME (If not Institution, give str 19 Worthington f		ve		9b. CITY,		r location of de yndon	ATH		9c. COU	Balt	
FUNERAL DIRECTOR	Md. Ba	ltimore		10c. CIT	Y, TOWN OF	BLYN						10d. INSIDE CITY LIMITS? 1  YES 2 NO
ERAL	100. STREET AND NUMBER 19 Worthington	Hill Dr	ive			101.	ZIP CODE 21071			10g. CIT	USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 X N MAR OR DATES	MED IO	11	yes, spe	ENDENT OF HISPAN Holfy Cuben, Mexica 2 X NO Specify	n, Puerto F	i? (Specify Yea Rican, atc.)	or No—		— American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) HAAN SCHOOL	ATION completed) College (1-4 or 5	(Gi	ive kind of Do NOT u	USUAL OC work done di se retired.)	uring mo	st of working	16b.	KIND OF BUS	BINESS/INI		
BE COM	17. FATHER'S NAME (First, Middle, Last) George J. Claut	ice				Ů	16. MOTHER'S NA	ret	H. Wo	ellmo		
10	19a. INFORMANT'S NAME (Type/Print) Mrs. Frances E. Mo	ser	2	121	Kays	Mil	l Rd.		sburg.	Md.	21	048
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Ramo 4 Donetion 5 Other (Specify)		other ni	eco)	rints	Cen	notory, cromatory or netery				ersto	wn, state wn, Md.
	21. SKINATURE OF FUNERAL SERVICE LICE	(W)	ini				Funeral					ustown Rd. Md. 21136
	23. MART I. Enter the disesses, or contact, or heert feilure. I	let only one ce	use on each (Ine	tre	- 6		de of dying, suc		diec or respi	iratory sr		Approximate interval Between Onset and Death
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE C	PF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	NF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to	death but not i	resulting	(n the un	derlyln	g ceuse given in	Part I.	24a, WAS AN PERFOR	RMED?	241	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 M
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	neck only or	ne)			
	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2	ER/Outpetlent 3 F INJURY Day, Year)	28b. TII	4 🗆 Nurs	28c. INJ WC	URY AT PRK7		SCRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, facto			28f. LOC City	CATION (Street or Town, State	end Numbe	er or Rurel	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY						Of the second					e) and menner se stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIES	1 H	h				D20		8	29d. DA	TE SIGNE	(Month, Day, Year)

31. DATE FILED (Month, Day, Year) SEP 2 3 '91

Lulia Savidson Randoss



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
---	--	--	--

	1. DECEDENT'S NAME (FI/3	st, Middle, Last,	)				CATE (			2. OATI	REG. 1		. :	3. TIME OF DEAT						
		JEFFF	REY	S.			AIELI	O		HON	TH 1	PAY 1	9 9 EAR	4:56						
	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE	(In yrs. last	t birthday)	IF UNDER 1 YE	_	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIR	THPLACE (State or Fo						
	212-80-8		1½ M 2 ☐ F	23		MONTHS DAYS HOURS MIN.		(Month, Day, Year) 5-22-66		6		ryland								
	90. FACILITY NAME (If not i		9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO					OUNTY OF DEATH												
5			SPITAL				BAI	TIL	MORE			Bā	1tim	ore City						
2	RESIDENCE OF DECEDENT  100. STATE  100. CITY, TOWN OR LOCATION												10d. INSIDE CITY							
DIMECTOR												LIMITS?								
7								-	IP CODE			10g. C	TIZEN OF	1 YES 2 1						
	7124 Garde	enview	Ct.					21	226				S.A.							
LONEHAL	11. MARITAL STATUS		12. WAS DECEDER	NT EVER II	N U.S. ARI	MED	13. WAS	DECEN	DENT OF HISPA	NIC ORIGI	N? (Specify		14. BA	ICE - American India						
	1 Never Merried 2 2 3 Widowed 4 Divi		FORCES?	WAR OR D	ATES	Ю			ty Cuben, Mexico		Ricen, etc.)			eck, White, atc.						
- 11														White						
ED	(Specify on	CEDENT'S ED	le completed)		18e. DEC	VE kind of w	USUAL OCCUI ork done durin o retired.)	PATION g most o	of working	161	b. KIND OF I	BUSINESS/II	NDUSTRY							
COMPLE	Elementary/Secondary (	(0-12)	College (1-4 or 5	+)																
5	17. FATHER'S NAME (First, A	Middle, Last)			rid 1	nten	euce		8. MOTHER'S NA		Autom			ler						
- II	Joseph	Aiel	10						Doris											
1	190. INFORMANT'S NAME (				19b	. MAILINO	ADDRESS (Str		Number or Rural				Zip Codel							
2	Lisa M. Aié	110							w Ct. I					6						
	20e. METHOD OF DISPOSIT	TION	noval tange Ctata		. PLACEA	NDDATEO	FDISPOSITIO			OAT				Town, State						
	4 Donation 5 Other	r (Specify)		— G	len	Have	ner place) n Ceme	ter	y	9/										
	21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE							CILITY	,									
	Male	1. 1	5.							21. SIGN ON E OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  495 Ritchie Hwy.										
	23. PAR I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	Ident lenote.	a.	AN	KJ	Bith. Do no	ot enter the				Home S	Sever	na P	Approximatinterval Be Onset and						
NO INCIDENT	iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injut that initiated events	tions, ediate ling	a. Due to	O (OR AS A	CONSEO	N	ot enter the				Home S	Sever	na P	ark MD 21 Approxima						
ווור פוסיום	immediate Cause (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju.	tions, ediate filing ury	a. DUE TO b. OUE TO c. OUE TO	O (OR AS A	A CONSEO	JUENCE OF	i:	mode	of dying, auc	h aa car	Home S	Severi apiratory a	na P	ark MD 21 Approxima						
	iMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significa	tions, dilate ling ury ST	a. DUE TO b. OUE TO c. OUE TO	O (OR AS A	A CONSEO	JUENCE OF	i:	mode	of dying, auc	h aa car	Home State or real discourse of the state of	Severi apiratory a	na P	Approxima interval Be Onset and Onse						
	iMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.	tions, dilate ling ury ST	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A	CONSECUTION TO THE PROPERTY OF	JUENCE OF	the underl	mode	of dying, auc	Part I.	24a, WAS. PERF	Severi apiratory a	na P	Approxima interval Be Onset and Onse						
	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations of the cause of the ca	tions, dilate ling ury ST	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A	CONSECUTION TO THE PROPERTY OF	JUENCE OF UENCE OF BAUITING IT	ot enter the	mode  Myling Ci	ause given in  E OF DEATH (Ch	Part i.	24a. WAS: PERF 1 YES	AN AUTOPS	na Parrest,	Approxima interval Be Onset and Onse						
	iMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to immediate events resulting in death) LAS  PART II. Other signification resulting in death) LAS  25. WAS CASE REFERRED TEXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Natural 5	tions, ediate ling ury ST ST ST ST ST ST ST ST ST ST ST ST ST	a. DUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1   Inpatient 2   28e. DATE OF	O (OR AS A	CONSECUTION TO THE PROPERTY OF	JUENCE OF	ot enter the	mode  ying ci	ause given in  E OF DEATH (Ch.  The Residence of AT 7777	Part I.	24a. WAS 2 PERF 1 YES	AN AUTOPS ORMED  2 NO	na Parrest,	APPROVIDE APPROVIDE INTERVAL BE ONSET AND 21  ADDITION OF CAMPULATION OF CAMPULAT						
	iMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death) LAS  PART II. Other signification of the condition of	tions, ediate ling ury ST ant conditio	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A	CONSECUTION TO THE PARTIES OF THE PA	UENCE OF DEBUITING IN	ot enter the	mode  s. PLACI  s. PLACI  injury  vonk  'Yes	ause given in  E OF DEATH (Ch. 5  Residence Y AT	Part I.  Bock only or a Other 28d. DES	24a. WAS. PERF 1 YES PERF SCHIBE HOV	AN AUTOPS: ORMEDY 2 NO VINJURY OF HAI	na Parrest,	Approximatinterval Be Onset and Onse						
	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification of the condition tions, ediate ling ury ST ST ST ST ST ST ST ST ST ST ST ST ST	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A	CONSEO	UENCE OF DEBUITING IN	ot enter the	mode  s. PLACI  s. PLACI  injury  vonk  'Yes	ause given in  E OF DEATH (Ch.  The Residence of AT 7777	Part i.	24a. WAS. PERF 1 YES PERF SCHIBE HOV	AN AUTOPS ON HED  VINJURY OF HAN RIGHT ON HUMBER ON HUMBER  RIGHT ON HUMBER ON HUMBER ON HUMBER  RIGHT ON HUMBER ON HUMBER ON HUMBER ON HUMBER  RIGHT ON HUMBER ON HUM	CCURED NGED	Approximation of Completion of							
	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to list in the cause. Enter UNDERLY  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the cause of the cause o	tions, ediate ing and conditions and conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditionally conditions are conditionally conditions are conditionally conditions are conditionally conditions.	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A O (OR AS A	CONSECUTION A CO	WENCE OF UENCE ot enter the	mode  s. PLACI  s. PLACI  inJURY:  VORY:  VES	ause given in  E OF DEATH (Ch  5	Part I.  Back only or  Back only or  Back only or  Back only or  Back only or  Back only or  Back only or  Back only or  Back only or  Back only or	24a. WAS . PERF 1 YES	AN AUTOPS ORMED  2 NO VINJURY OF HAD R AND NORTH AND EN	CCURED NGED	Approximation of Completion of							
	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death)  LAS  PART II. Other signification in the condition of t	tions, ediate ling why set of the ling why set of the ling why set of the ling why set of the line which was a set of the line which which was a set of the line which was	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A O (OR AS A	CONSECUTION A CO	WENCE OF WEN	OTHER: 4 Nursing OF 28c, INT M 1 Treet, factory, of	mode  s. PLACI  iNJUNY  VES  work  ves  ves  ves  ves  ves  ves  ves  ve	ause given in  E OF DEATH (Ch  T Residence Y AT  T 2X NO	Part I.  Bock only or  Both  Both  Both  Control  Both  Both  Both  Control  Both	24a. WAS 24a. WAS PERF 1 YES  PERF 24ovin Signature Signat	AN AUTOPS ORMED  2 NO VINJURY OF HAD Seend Numble CRDEN	CCURED NGED VI	APPROVIDE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No. 1 Provided Pro						
	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injutted in this list of the cause. Enter UNDERLY CAUSE (Disease or injutted in list and each of the cause. Enter UNDERLY CAUSE (Disease or injutted in list and each of the cause of the c	tions, dilate ling and conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditional conditions.	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A O (OR AS A	CONSECUTION A CO	WENCE OF WEN	OTHER: 4 Nursing OF 28c, INT M 1 Treet, factory, of	works.  Jeffice	ause given in  E OF DEATH (Ch  T AT  AT  AT  AT  AT  AT  AT  AT  AT	Part I.  Book only or all other care time, date	24a. WAS 24a. WAS PERF 1 YES  PERF 24ovin Signature Signat	AN AUTOPS: ORMED'S ORM	CCURED NGED VI	APPROVIDE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.						
	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death)  LAS  PART II. Other signification in the condition of t	tions, dilate ling and conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditional conditions.	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A O (OR AS A	CONSECUTION A CO	WENCE OF WEN	OTHER: 4 Nursing OF 28c, INT M 1 Treet, factory, of	works.  Jeffice	ause given in  E OF DEATH (Ch  T AT  Z NO  d place, and due th occurred at the	Part I.  Book only or or or or or or or or or or or or or	24a. WAS 24a. WAS PERF 1 YES  PERF 24ovin Signature Signat	AN AUTOPS: OR HED  VINJURY OF HAN Rend Numb RDEN Lenner ee at end due to 29d. DA	CCURED NGED VI VI unter State	Approximatinterval Be Onset and Onse						
to be commented by the property certification.	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injutted in this list of the cause. Enter UNDERLY CAUSE (Disease or injutted in list and each of the cause. Enter UNDERLY CAUSE (Disease or injutted in list and each of the cause of the c	tions, ediate ling ury ST ST ST ST ST ST ST ST ST ST ST ST ST	a. DUE TO b. OUE TO c. OUE TO d	O (OR AS A O (OR AS A	CONSECUTION A CO	UENCE OF UEN	ot enter the	works.  Jeffice	ause given in  E OF DEATH (Ch  T AT  AT  AT  AT  AT  AT  AT  AT  AT	Part I.  Book only or or or or or or or or or or or or or	24a. WAS 24a. WAS PERF 1 YES  PERF 24ovin Signature Signat	AN AUTOPS: OR HED  VINJURY OF HAN Rend Numb RDEN Lenner ee at end due to 29d. DA	CCURED NGED VI VI unter State	APPROVIDE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.						

+1

SEPTO 1991 SECTIONAL PROPERTY.

_
100
(0)
<b>1</b> 9
4
-
ത
-
-
_
0
0
m
0
0.
.00
(n)
S
DS,
SQL
RDS,
TAL RECOF
TAL RECOF
TAL RECOF

- 1	William	st, Middle, Last) Frank]	idn Al	LSHIRE						2. DATE OF MONTH	0.	r 17	YEAR 199	3. TIME OF OEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		6. BIRTH	HPLACE (State or Foreig
	217-10-30	)28-A	1 <b>X</b> M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	June	Day, Vear)	1920	Fron	nt Royal,
1	9a. FACILITY NAME (II not		street and number)			9b. CITY	TOWN	OR LOCATE	ON OF DE				INTY OF D	
O. P.	Washington		Hagerstown				Washi			shing	gton			
DIRECTOR	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
E	Maryland Washington					Maugansville								LIMITS?
ERAL	10s. STREET AND NUMBER					10f. ZIP CODE				10g. CIT			TIZEN OF WHAT COUNTRY?	
EH		111 North Street					21767						USA	
BY FUN	1 Never Married 2	ARITAL STATUS  Never Married 2 XMarried  Widowed 4 Divorced  12. WAS OCCEDENT EVER IN U.S  FORCES? 1 X YES 2  IF YES, GIVE WAR OR DATES  Army WW II					yes, ap	CENDENT Concepts Cuba	n, Mexica	ilC ORIGIN? n, Puerto Ric y:	(Specify Yearn, etc.)	s or No.—	Blaci Spec	E — American Indian, ik, Whita, etc. ify: hite
ETED	15. DE	CEDENT'S ED	UCATION	16e. D	ECEDENT'S	S USUAL OF	CUPATIO	ON of workly	207	16b. K	IND OF BU	SINESS/IN		
	Elementary/Secondary		ighest grade completed)  Collage (1-4 or 5+)			use retired.)		AST OF WORKS	9					
COMPL		9		C	ement	Mix	er				Cemen		idust	ry
-	17. FATHER'S NAME (First,							200		ME (First, Mic		Surname)		
BE	Franklin 190. INFORMANT'S NAME		rre	19	9b. MAILIN	G ADDRESS	(Street	_	4	Daws		yn, State. Zi	ip Code)	
유	Gladys Ail									nsvil				
	20e. METHOD OF DISPOSI	TION	noval from State	20b. PLACE other s	OF DISPO	OSITION (Na	me of ce	metery, cren	natory or		20c. LC	CATION -	- City or To	own, State
	4 Donalion 6 Othe	er (Specify)				en Ce				9/20		gers	town	, Marylan
	21. SIGNATURE OF FUNER	AL SERVICE L	JCENSEE	1		M	NNI	CH FT	INER	ÄLTY HOI	ME			
U	70	des	000	km	uch	41	.5 E	. Wil	lson	B1vd	., Ha	gers	town	, Md. 217
		heart fellure	EDMPHISSIONS the List only one co	use on each lin	of t	the r								Onset and D
FICATION	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause, Enter UNDERL CAUSE (Disease or in	heart feilure	a. Adenoca DUE TO  DUE TO	rcinoma	of t	the r								Approximate interval Betwonset and D
ERTIFICATION	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL	heart feilure	a. Adenoca DUE TO  DUE TO	COR AS A CONSI	of t	the r								Onset and D
ICAL CERTIFICATION	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events	heart feilure	a. Ade noc a  B. DUE TO  DUE T	TCINOMA O (OR AS A CONSI	of t	the r	ight	t lun	ıg wi	th Br	ain l	Metas	stasi	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAMP
MEDICAL CERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA  PART II. Other signifits	heart feilure	a. Ade noc a  B. DUE TO  DUE T	TCINOMA O (OR AS A CONSI	of t	the r	ight	t lun	ıg wi	th Br	cain I	Metas	stasi	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
MEDICAL	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA  PART II. Other signifits	heart feilure	a. Ade noc a  B. DUE TO  DUE T	TCINOMA O (OR AS A CONSI	of t	the r	ight	t lun	ıg wi	th Br	ain l	Metas	stasi	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAME
MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA  PART II. Other algniffs Chronic (	ittions, sediete ying structure conditions.	a. Adenoca DUE TO  DUE	O (OR AS A CONSI	of to of the contract of the c	The r	ight  derlyin  Yea	ng cause ars	given in	Part I.	24a. WAS AJ PERFO	Metas	stasi	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA  PART II. Other algniffs Chronic (C	ittions, sediete ying structure conditions.	Adenoca  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A.  DUE TO  D	D (OR AS A CONSIDER OF CONTRACT OF CONTRAC	of too of the country	opp:  opp:	ight Yea	ng cause ars	given in	Part I.	24a. WAS AJ PERFO	Metas	stasi	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA  PART II. Other aignifie Chronic (  25. WAS CASE REFERRED EXAMINER? 1 YES 2X NO  27. MANNER OF OEATH	ittions, sediete ying structure conditions.	Adenoca  B. DUE TO  B. DUE TO  C. DUE TO  d. CONTRIBUTION TO PUL  HOSPITAL:  1 M Inputtal:  26e. DATE O (Month,	O (OR AS A CONSIDER OF CONTRACT OF CONTRAC	of to of the course of the cou	orp:  orp:	ight Yea	et lun	given in	Part I. :	24a. WAS AI PERFO	Metas	ccured	b. WERE AUTOPSY FING MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifite Chronic (  25. WAS CASE REFERRED EXAMINER? 1 YES 2X NO  27. MANNER OF OEATH 1 Natural 6 [ 2 Accident	ittipna, leddlete YING jury LST Cont condition Dbstructor To MEDICAL	Adenoca  a. Adenoca  DUE TO  b. DUE TO  d. DUE TO  d. DUE TO  d. PLACE  POPULACE  280. PLACE	D (OR AS A CONSIDER OF CONSIDE	of to of the course of the cou	orp:  orp:	ight Yea	et lun	given in	Part I. :	24a. WAS AI PERFO	Metas  N AUTOPSY RME07 2 X NO	ccured	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
ETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific Chronic (  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH 1 Natural 6   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only 1 CE	itiona, dedicte ying jury asT  TO MEDICAL  Pending investigation  Could not be determined	Adenoca  a. Adenoca  b. DUE TO  c. DUE TO  d. DUE TO  d. HOSPITAL:  1 M Inputiant 2  28a. DATE O (Month, to building to compare the comparison of the compar	D (OR AS A CONSIDER OF INJURY — At 1, atc. (Specify)	of to of the control	OF):  OF):	ight Yea 26. P 31: gling Hor 1	rig cause ars	given in	Part I.	24a. WAS AI PERFO 1  YES  (Specify) (Specify) TION (Street Yown, State	N AUTOPSY RMED? 2 XI NO INJURY OR and Number)	CCURED or or Rural	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATHY  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific Chronic (  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH 1 Natural 6   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only 1 CE	ittions, sediete ying jury ast condition of the pending investigation could not be determined extractional could not be determined extractional could not be determined extractional extractions.	Adenoca  a. Adenoca  b. DUE TO  c. DUE TO  d. COME CONTRIBUTING to Chive Pul  HOSPITAL: 1 X Inputant 2  28a. DATE O (Month, 1)  28a. PLACE building  SICIAN: To the best of	D (OR AS A CONSIDER OF INJURY — At 1, atc. (Specify)	of to of the control	OF):  OF):	ight Yea 26. P 31: gling Hor 1	Ig cause  Ars  PLACE OF D  THE S IN THE STATE OF THE STAT	given in	Part I. :	24a. WAS AI PERFO 1  YES  (Specify) (Specify) TION (Street Yown, State	Metas  N AUTOPSY RMED?  2 KI NO  INJURY OF	ccured er or Rural lated.	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifit Chronic  25. WAS CASE REFERRED EXAMINER? 1 YES 2X NO  27. MANNER OF OEATH 1 X Natural 6 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only 2 ME  29b. SIGNATURE AND TITE  29b. SIGNATURE AND TITE  29b. SIGNATURE AND TITE  29c. CERTIFIER (Check only 2 ME	titiona, sediete ying jury structure. To MEDICAL  Pending investigation  Could not be determined extriction of the pending investigation. The pending investigation of the determined extriction of the pending investigation. The pending investigation of the pending investigation of the pending investigation. The pending investigation of the pending investigation o	Adenoca  a. Adenoca  b. DUE TO  c. DUE TO  d. DUE TO  d. LIVE Pul  HOSPITAL: 1 X Inpellant 2  28a. DATE O (Month, 28a. PLACE building  SICIAN: To the best of NER: On	D (OR AS A CONSIDER OF CONSIDE	of teouence of the country of the co	OFP:  OFP:  OFP:  OFP:  OFP:  OFP:  OFP:  OFF:   ight Yea 26. P 31: gling Hor 1	Ing cause ars	given in  DEATH (C)  asidence  NO	Part I. :	24a. WAS AI PERFO 1  YES  (Specify) (Specify) TION (Street Yown, State	Metas  N AUTOPSY RMED?  2 KI NO  INJURY OF  and Numbro  ind dua to  29d. DA	CCURED or or Rural lated. Ithe cause(	b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific Chronic (Chronic (Chronic (Chronic (Check only one) 2 Manner of Oeath 1 Natural 6 2 Accident 3 Suicide 6 Monicide (Check only one) 2 Manner of Oeath 1 Chronic (Check only one) 2 Manner of Oeath 1 Chronic (Check only one) 2 Manner of Oeath 1 Check only one) 30. NAME AND ADDRESS	titiona, ledicte ying litional ledicte ying litional ledicte ying litional ledicte ying litional ledicte ying litional ledicte ying litional ledicte ledical l	Adenoca  a. Adenoca  b. DUE TO  c. DUE TO  d. DUE TO  d. LINE TO TO TO TO TO TO TO TO TO TO TO TO TO	D (OR AS A CONSIDER OF CONSIDE	of to of the country	OF):  OF):  OF):  OF):  OTHE 4   Null ME OF NULL NULL NULL NULL NULL NULL NULL NUL	ight Yea 26. Por 28c. IN W 1	PLACE OF DO	given in  DEATH (C)  asidence  NO  e, and due  red at the	Part I. :  Peck only one  6 Other  28d. DESC  City of	24a. WAS AJ PERFO 1   YES ) (Specify) (Specify) TION (Street Town, Stete	Metas  N AUTOPSY RMED?  2 K NO  INJURY OF  and Number)  and due to  29d. DA	ccured er or Rural lated.	b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  Route Number.  (a) and menner as state (b) (Month, Day, Year)  17, 1991
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifit Chronic  25. WAS CASE REFERRED EXAMINER? 1 YES 2X NO  27. MANNER OF OEATH 1 X Natural 6 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only 2 ME  29b. SIGNATURE AND TITE  29b. SIGNATURE AND TITE  29b. SIGNATURE AND TITE  29c. CERTIFIER (Check only 2 ME	TO MEDICAL  Pending Investigation  Could not be determined  RTIFYING PHY  EDICAL EXAMIL  OF PERSON W  Itto,	Adenoca  a. Adenoca  b. DUE TO  c. DUE TO  d. DUE TO  d. LIVE Pul  HOSPITAL: 1 Minputiant 2  28a. DATE O (Month, WER: On the beat of the completed cal  III, M.D.	D (OR AS A CONSIDER OF CONSIDE	of to of the country	orp:  orp:	ight Yea 26. P 31: eling Hor 1	PLACE OF DO	given in  DEATH (C)  asidence  NO  e, and due  red at the	Part I. :  Peck only one  6 Other  28d. DESC  City of	24a. WAS AJ PERFO 1   YES ) (Specify) (Specify) TION (Street Town, Stete	Metas  N AUTOPSY RMED?  2 K NO  INJURY OF  and Number)  and due to  29d. DA	ccured er or Rural lated.	b. WERE AUTOPSY FINE ARAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO Route Number.  (a) and menner as star (b) (Month, Day, Year)  17, 1991

0

----

No.

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

F.	ğ	
ding	the	
tten	98	
07.2	L US	
Igu	5	
hosp	ache	항
age age	det	6
2	200	3
ained	hou	Ē
ret	ro s	not
y be	oage	be
3 mg	tor.	ust
96	jirec.	E
2	le l	ine
Seath	fune	хап
fler	the Oval	ia e
IIS 3	n by	edic
100	led i	E
n 24	ation	#
With	plete	ent
pen	com	6
Xecu	bun	atic
8	ian i	aum
ate	pric	r tr
Till like	ig pl	the
h ce	F P	00
deat	atte	Ž.
the	d M	를
that	D T	JE .
ires	sign	100
regu	ue to	Sho
MP	as b	23
He H	ate Cate	E
AN:	tifica e St	=
Sic	th th	d,
F	THE P	ST.
DING	After	Ē
EN	DR.	80
AT	RECT.	1 2
100	Die	E e
PITA	RAI	1
40S	FUNI	AN
물	HE	PO
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur he find within 72 hours after death with the State Dent, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN SEPTEMBER 11, 1991 **NELLIE THERESA ANDERSON** 10:10 Am 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTN 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign 01-01-1950 DAYS NOURS 1 🗆 MXX 😿 F 41 207 38 8112 YRS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL ALLEGANY CUMBERLAND RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES TO NO 10c, CITY, TOWN OR LOCATION PA clearfield township Fenelton. 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 16034 Old Rt. 422 East Box 25 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS
1 Never Married 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, atc. FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES NO Specify: white BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complete COMPLETED 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Elmer Benton Dunkle Helen K. Miles BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Old Rt. 422 East Box 25 Fenelton, PA 16034 19a. INFORMANT'S NAME (Type/Print) 2 Mr. Kenneth C. Anderson DATE 20c. LOCATION - City or Town, State 9/14 Armstong County, PA 20b. PLACE AND DATE OF DISPOSITION (Name Worthington Presbyterian 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Homefor Thompson-Cumberland, MD 21502 Miller, Butler, PA anas 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final ovaries with disease or condition 0 a 18-24 mi resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 KNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
| Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND PITE OF CERTIFIES 29c, LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year)

ha

4919

JOHN MEHANNA, M.D. 909-B SETON DRIVE, CUMBERLAND, MD 21502

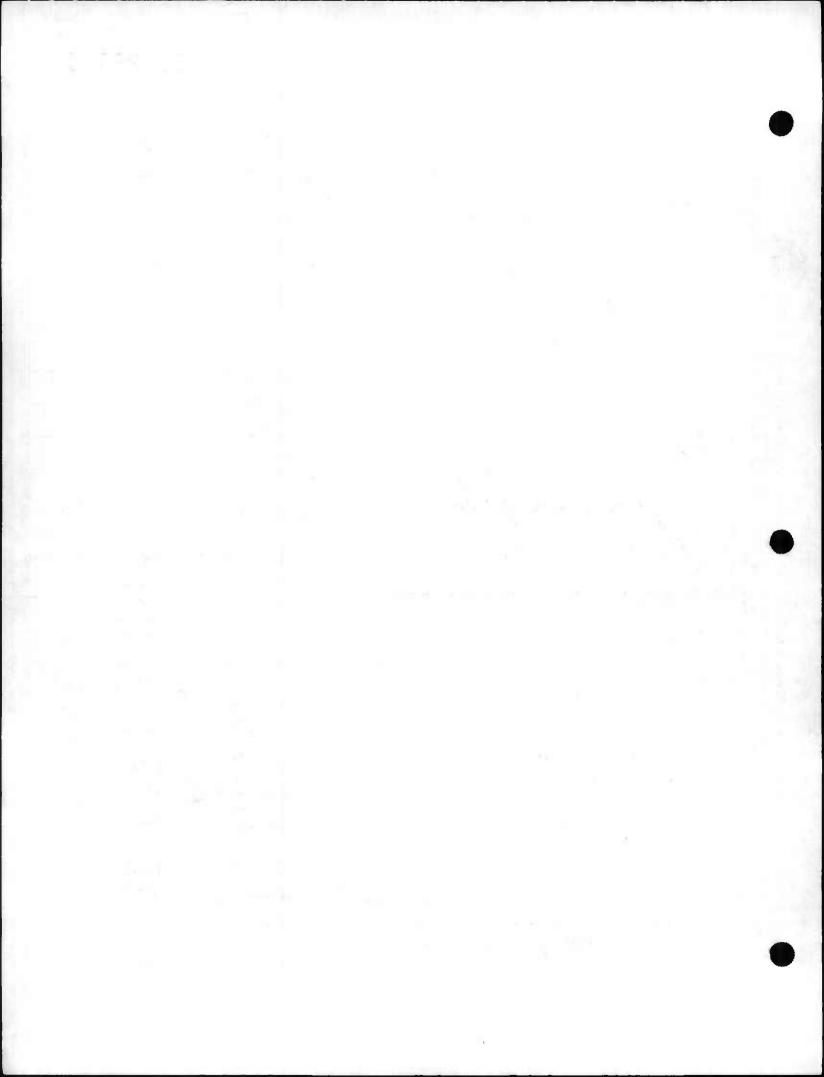
И

WHO COMPLETED CAUGE OF DEATH ((IEM 27) (Type, Print)

SE REGISTRAR'S SIGNATURE

9

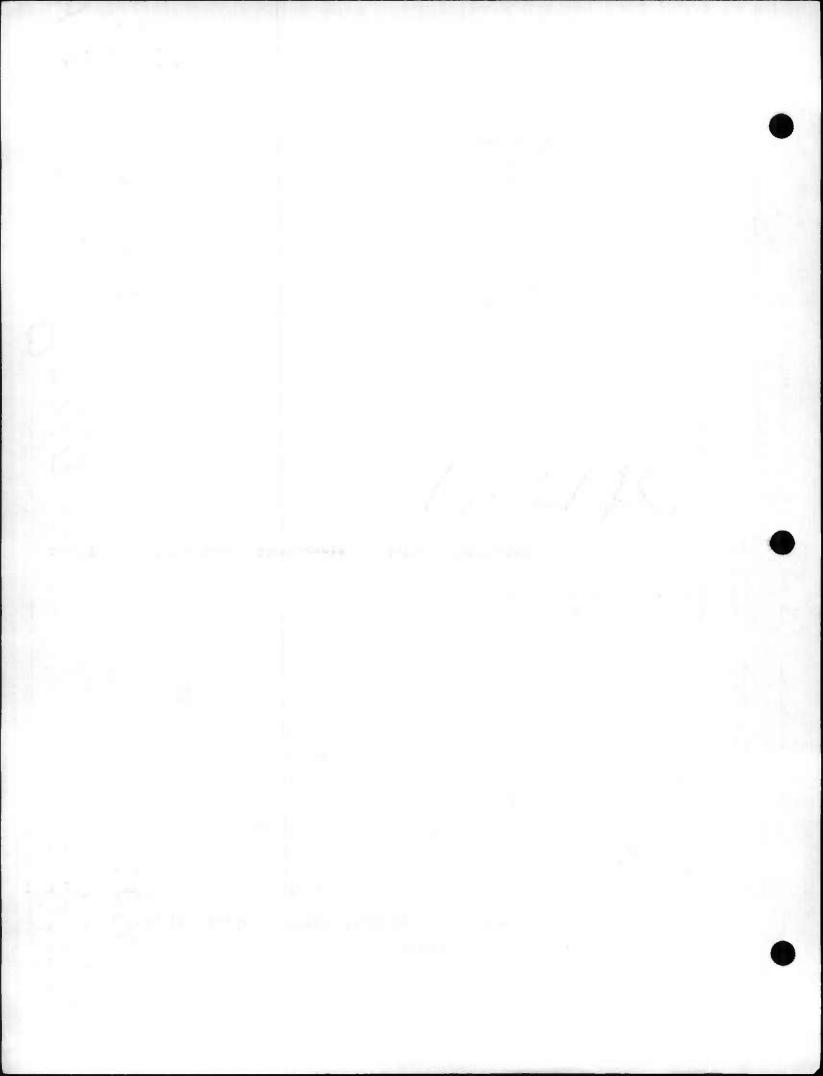
D17526



6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL UNRECTOR. After this Certificate has been signed by the automaing physician and comprised miner in by the tunioral unrector, page 5 shown be because in use as the or feel with the State Dept. Of the aith and Mental Hyghest principles from the companies of the control of the c	out, the moutest examined much be mounted as once.
D. BOX 1314	sertificate be executed	ygiene prior to burial,	חמופו חשתיושהר פ
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death of	of Health and Mental H	SHOWS any injuly, of
OF VITAL R	PHYSICIAN: The law	h with the State Dept.	graeu, or nem 23 a
DIVISION	THE HOSPITAL DR ATTENDING	10 THE FUNEAL DIFFICURY. After this Certificate has been signed by the automating physician and completely mise in by the Period within 72 hours after death with the State Death and And All Hygher prior to bridls, cremation, or removal.	PURIANI: IT ITOM 20 IS IN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR	-												
1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth I  4. SOCIAL SECURITY NUMBER	. Arnot	· t						2. DATE MONTH	-	6 1	<b>YEAR</b> 991		; 45 p
4. SOCIAL SECURITY NUMBER 160-05-0460	8. SEX 1  M 2  KF	6. AGE (In yrs. les 92	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH Day, Your)	1899	Count	nna	(State or Foreign
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN E	OR LOCATI	ON OF DE		• )		NTY OF E		1
Residence RD1	Lee Rd	•			B10	omi	ngto	n			Ga	arr	ett
10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN	OR LOCAT	TION							NSIDE CITY
Md. Gar	rett		В.	loom	_	ton				I as or	200.00	1 🗆	YES 2 (X NO
RD1 Lee Rd.					101		523				JS	WHAIC	OUNTHY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	RMED NO		If yes, sp	ENDENT Code city Cube 2 X NO	n, Mexica	n, Puerto F	? (Specify Yi tican, etc.)	es or No—	14. RAC Blec Spec	k, Whit	herican Indian, e, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ECEDENT'S Sive kind of a. Do NOT u	work done	during mo		ng	16b.	KIND OF B	USINESS/INI	DUSTRY		
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)		okk					Π,	Manii	facti	ırir	2 02	
17. FATHER'S NAME (First, Middle, Lest)		I DU	OKK	eepe	L	18 14077	HER'S MA		Middle, Maide		11 11	18	
Daniel :	Lavery								Degi				
19a. INFORMANT'S NAME (Type/Print)		10	b. MAII INC	G ADDRES	S (Street 4					wn, State, Zi	n Cortel		
John Simp	son	"								Md.		52	3
		20b. PLACE	OF DISPO	SITION (N	ame of cer	metery cmi	natory or			OCATION -			
20a_METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remarks 4 Donation 5 Cheer (Specify)	oval from State	Other pi	Lac	dv 0	f G	race	Ce	m.		ennd			
	ENGEE	1		22.	NAME A	ND ADDRE		CILITY					
23. PART I. Enter the diseases, or capock, or heart failure.	complications that	caused the de	oath. Do	not enter						eral ester plratory ar		no t	Approximate
- Ingland	complications that List only one caus Metas	caused the de te on east line tatic C	arci:	noma	11 r the mo	1 Ch	ing, suc	h S	liac or res	plratory ar	rest,	no t	Approximate Interval Between
23. PART I. Enter the diseases, proshock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	tatic C	e. Carci: EQUENCE O	noma of:	11 r the mo	1 Ch	ing, suc	h S	liac or res	plratory ar	rest,	no t	Approximate Interval Betwee Onset end Deet
23. PART I. Enter the diseases, prosphock, or heart failure. Immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Metas  DUE TO (1)  DUE TO (2)  DUE TO (3)	tatic C OR AS A CONSE  OR AS A CONSE  DR AS A CONSE	e. Carci: Carci: Couence of	noma or): or):	11 r the mo	1 Cl	esou	h Sin as card	Mec or rea	ester plratory ar ermin	ed	rt	Approximate Interval Between Onset end Deet 1 year
23. PART I. Enter the diseases, proshock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Metas  DUE TO (1)  DUE TO (2)  DUE TO (3)	tatic C OR AS A CONSE  OR AS A CONSE  DR AS A CONSE	e. Carci: Carci: Couence of	noma or): or):	11 r the mo	1 Cl	esou	h Sin as card	liec or real	Piratory are printed in Autopsy or Piratory are printed in Autopsy or Piratory	ed	b. WERE	Approximate Interval Between Onset end Deet 1 year
23. PART I. Enter the diseases, proshock, or heart failure. I immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	tatic C OR AS A CONSE  OR AS A CONSE  DR AS A CONSE	e. Carci: Carci: Couence of	noma or): or): or):	11 r the mo	1 Cl	e SOU	h Sin as card	liec or res	ermin ermin n Autopsy Parenter	ed	b. WERE	Interval Betwee Onset end Deet  1 year  Autopsy Findings Able Prior To Paletion of Cause Eath?
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	Metas  DUE TO (1)  DUE TO (2)  DUE TO (3)	tatic C OR AS A CONSE  OR AS A CONSE  DR AS A CONSE  death but not	e. Carci Cauence of	noma  OF):  OF):  OTHE	11 r the mo	1 Clade of dy	e SOU	rce I	liec or real	ermin ermin n Autopsy Parenter	ed	b. WERE	Approximate Interval Between Onset end Deet 1 year 1 year Autopsy Findings Able Prior To Huttion of Cause Eath?
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (	tatic C OR AS A CONSE OR AS A CONSE DR AS A CONSE death but not	Carci	noma  OF):  OF):  OTHE 4 □ Nu	The mo	1 Clade of dy	esou given in	Part I.	liec or ree	ermin ermin n Autopsy Parenter	ed 24	b. WERE	Approximate Interval Between Onset end Deet 1 year 1 year Autopsy Findings Able Prior To Huttion of Cause Eath?
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (  DUE TO	tatic C OR AS A CONSE OR AS A CONSE DR AS A CONSE death but not	EQUENCE C	OFF:  OTHE 4 Num M OF JURY M	The mo	LACE OF C	esou given in	Part I.	24a. WAS / PERF- 1 YES  ** (Specify) ** (Specify)	PITAL PRINCES OF THE	ed 24	b. WEREN	Approximate Interval Between Onset end Deet 1 year 1 year autopsy Findings Able Prior To Harrion of Cause Eath?
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation  2 Accident S Could not be determined	DUE TO ( DUE	tatic C OR AS A CONSE  OR AS A CONSE	EQUENCE CO	OTHE 4 Number of Number of Street, fac	The mo	LACE OF COMPANY AT OVER 2 [ See and place	given in	Part I.  Part I.  28d. DES	24a. WAS J. PERFO.  1 VES  T (Specify)  ECRIBE HOW  ATION (Street or Rown, State 1884)	PITTOPSY ON AUTOPSY PRIMED?  2 XXX  I NJURY OC AUTOPSY ON AUTOPSY	24.	b. WERE AMAIL COMMON OF DI	Approximate Interval Between Onset end Deet 1 year 1 year Autropsy Findings ABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2 NO
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  PART II, Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (  DUE TO	tatic C OR AS A CONSE  OR AS A CONSE	EQUENCE CO	OTHE 4 Number of Number of Street, fac	The mo	LACE OF E	given in	Part I.  Part I.  28d. DES  28f. LOC City  to the case of time, date	24a. WAS J. PERFO.  1 VES  T (Specify)  ECRIBE HOW  ATION (Street or Rown, State 1884)	IN AUTOPSY OR NEOP 2 XXXV INJURY OC XX In Industry and Number and Number and due to the standard due to the standard standard due to the standard s	ed 24	b. WERE ANALYSIS ANAL	Approximate Interval Between Onset end Deet 1 year 1 year Autropsy Findings ABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2 NO
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 5 Could not be determined  29e. CERTIFIER (Check only one)  X MEDICAL EXAMINE	DUE TO (  DUE TO	tatic C OR AS A CONSE  OR AS A CONSE	EQUENCE CO	OTHE 4 Number of Number of Street, fac	The mo	LACE OF COMPANY AT ORICE  a and place death occur  29c. LIC	given in  DEATH (C)  esidence  ND	Part I.  Part I.  28d. DES  to the case time, date	24a. WAS J. PERFO.  1 VES  T (Specify)  ECRIBE HOW  ATION (Street or Rown, State 1884)	IN AUTOPSY DRMED? 2) XX  INJURY OC XX  INJURY OC XX  2 29d. DA	ed 24-	Boute It	Approximate Interval Between Onset end Deet 1 year 1 year 1 year Autropsy Findings Asia Price To Australia of Cause Earth? Yes 2 \( \text{NO} \) No



OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

•	FOR STATE REGISTRAR	STATE OF N	IARYLAND /		ICATE					YGIENI EG. NO.	E		
-1	1. DECEDENT'S NAME (First, Middle, Last)		ÜL		IOAIL	<u> </u>	DEA		2. DATE OF S				3. TIME OF DEATH
- 1									MONTH	DA		YEAR	
- 1	Jerome Allen Br								Septe		14,		
< I	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. last		IF UNDER 1	DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	y, Year)		8. BIHTH	PLACE (State or Foreign y)
$\sim$	215-26-5202	1 📈 M 2 🗆 F	65	YRS.					April	26,	1926		MD
. )	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
5/1	Olivet Hill Cir	cle			G.	ale	na					Ke	nt.
5	RESIDENCE OF DECEDENT												
DIRECT	210e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?
	MD	Kent		G	alena								1 TYES 2 NO
A	10e. STREET AND NUMBER					101.	ZIP COO	E			tog. CITI	IZEN OF V	VHAT COUNTRY?
E	Olivet Hill Ci	rcle					216	35				1	USA
FUNERAL	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARA	MED					IIC ORIGIN? (S		or No-	14. RACE	— American Indian, k, White, atc.
7	1 Never Merried 2 Merried	IF YES, GIVE W	YES 2 N				2 NO		n, Puerto Ricar /:	1, artG.)		Speci	
ВУ	3 Wildowed 4 Divorced												Black
	15, OECEDENT'S EDU (Specify only highest grade		18e. DEC	EDENT'S	USUAL OCC	CUPATIO	N at of workli	na	16b. KIN	D OF BUS	INESS/INE	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	iffe.	Do NOT u	work done du se retired.)								
필	unknown		Lá	abor	er				Harr	y Ru	dnic	k Sa	les –
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middl	e, Maiden	Surname)		
	George Briscoe,	Sr.					Ch	arit	y Carr	011			
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	AODRESS (	(Street e			Route Number, (		n, State, Zip	o Code)	
임	George Briscoe		Be	v 1	85, G	ale	na l	MD	21635				
	20s. METHOD OF DISPOSITION		20b. PLACE (						21000	20c. LO	CATION —	City or To	own, State
ł	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	other pla		ivet	u - 1 -	l Co	mata:			ena,		
	21. SIGNATURE OF FANERAL SERVICE LI	CENSEE		OI			D ADDRE			Gal	ena,	FID	
	1.11.	1.01	_		F	ell	ows :	Fune:	ral Ho	me			
_	Mary D.	Tellory	5										, MD 21651
	23. PART I. Entar the diseases, or shock, or heart fellure.				not entar t	he mo	de of dy	ing, suci	h as cardiac	or respi	retory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)	0	1-		1	_			1	1			Onset and Death
	disease or condition resulting in death)	a. Con	gesty	e	Ca	rd	100	1V6	pat	Rus	,		YEARS
1		DUE TO	OR AS A CONSEC	UENCE C	F):			/	/	0			
Z	Sequentially list conditions,	b											
	if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE C	NF):								
2	Cause. Entar UNDERLYING CAUSE (Disease or Injury	c	120-0-0-0-0										
E I	that initiated eventa resulting in death) LAST	00E 10	(OR AS A CONSEC	UENCE C	PF):								i
CERTIFICATION		d											-
	PART II. Other significent condition	na contributing to	death but not re	aulting	in the und	deriying	ceuse	given in	Part I. 24		AUTOPSY	248	D. WERE AUTOPSY FINDINGS
CAL	Chronic e	below	time.	Du	2mi	011	2011	dk	PICA	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1	,,,,,	7 7	1	0 70	1 30 11	TES 2	NO		OF DEATH?
Σ									-				1 YES 2 NO
AN	OF MAR CASE REFERENCE TO MEDICAL						105.05.5						
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF L	EATH (Ch	eck only one)				
ΥS	1 YES 2 NO		ER/Outpatient 3					esidence	8 Other (S)				
H	27. MANNER OF OEATH  1 Netural 5 Pending	26e. DATE OF (Month, E		28b. TII	JURY		PK?		28d. DESCRI	BE HOW t	NJURY OC	CURED	
BY	2 Accident Investigation				**		YES 2	_ NO					
	3 Suicide 6 Could not be	28s. PLACE C building.	OF INJURY — At hor etc. (Specify)	me, ferm,	street, facto	ry, offic	•		28t. LOCATIO	ON (Street in Sown, State)	and Numbe	or or Rural	Route Number,
	Tometo determined								<u> </u>				
P	29s. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, de	ath occur	red at the tin	ne, date	end place	, end due	to the cause(	e) end me	nner ee ste	rted.	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the besie of a	xamination end/or i	nveetigat	on, tn my op	olnion, d	leath occu	red at the	time, date end	d place, en	d due to t	he ceuse(	e) and menner se stated.
	29b. SIDNATURE AND TITLE OF CERTIFIE	R //	1				29c. LtC	ENSE NUI	MBER		29d. DAT	TE SIGNE	O (Month, Dgy, Year)
BE	tatricia (1	· the	re V	W	7		D	22	8/3		•	91	19/9/
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (ITE	4 27) (Typ	e, Print)								
	Patricia A. Gr	eve, M.D.	Cecil-	-Ken	t Hea	lth	Ctr	, Ce	cilton	, MD	219	913	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE							-	-		
2	Ser 20 '91	Julia David	son-Randal	2									

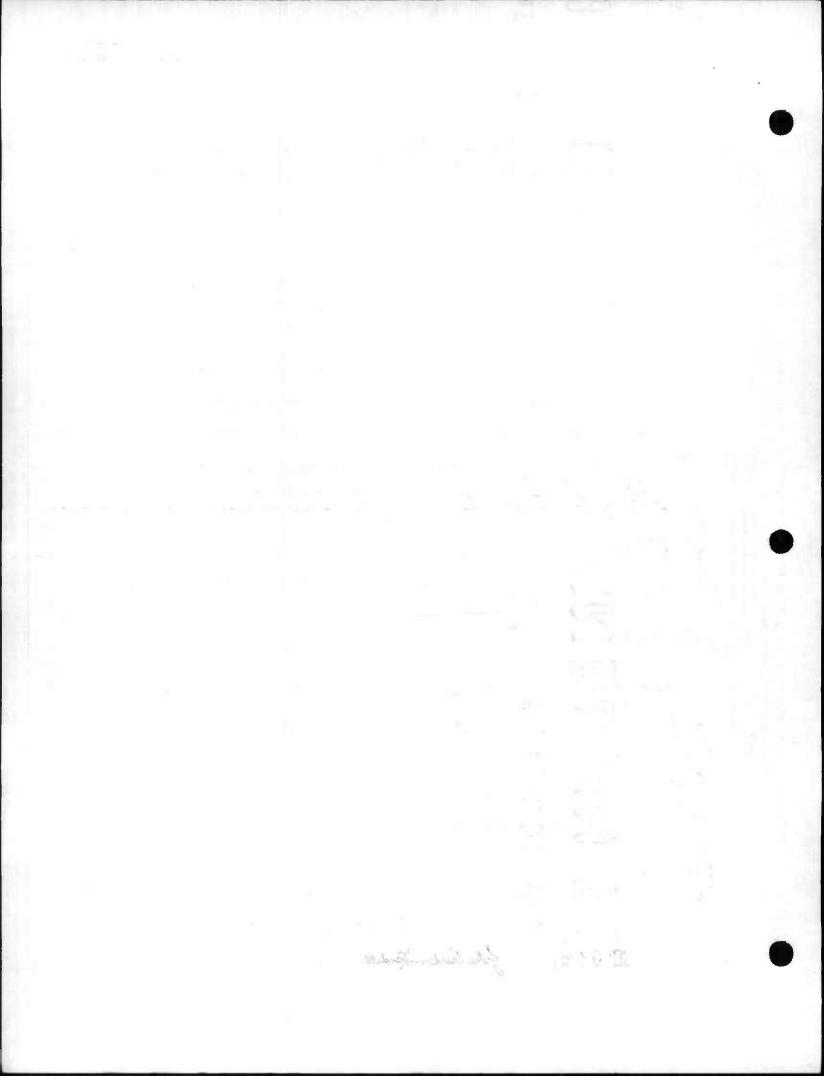
\_

The second secon

D. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)  Lottie Elizab	eth Bratche	r		2. DATE OF DEATH PAY AUGUST 23 1991 5:16 M				
1	4. SOCIAL SECURITY NUMBER  217-12-4202  90. FACILITY NAME (If not institution, give s	1 □ M 2 □ F	72 YRS. MC	UNDER 1 YEAR SF UNDER 24 HRS.  NTHS DAYS HOURS MIN.  D. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Yea Sept. 1	(r)	BIRTHPLACE (State or Foreign Country)  MD		
TO.	Kent & Queen Anne			Chestertown		Ken			
DIRECTO	10e. STATE 10b. COUNT	y 2.A.		own or Location			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL	Rt #1, Box 106			10f. ZIP COOE 2265			USA		
COMPLETED BY FUI	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVE FORCES? 1   Y IF YES, GIVE WAR OF	ES 2 INO	13. WAS DECENDENT OF NISPA If yee, specify Cuban, Mexic 1 TYES 2 NO Speci	an, Puerto Rican, etc	y Yes or No- 14.	14. RACE — American Indien, Black, White, etc. Specify: Black		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use n	done during most of working		BUSINESS/INDUST	TRY		
MO	17. FATHER'S NAME (First, Middle, Last)		Domest.		AME (First, Middle, Ma				
BE C	Oscar Tate				a Wilson	,			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number or Pura	Route Number, City of	Town, State, Zip Co.	de)		
-	Harold Bratcher			l, Pondtown, M					
	20e. METHOD OF DISPOSITION  1 X Burial 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND OATE Of cemetary, crematory or Mt. Pleas:						
	21. SIGNATURE OF FUNERAL SERVICE LI	Lollow L	C	22. NAME AND ADDRESS OF FELLOWS Fune. 370 W. Cypre	ral Home	1	WD 21651		
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse of	n each line.	Heart Fa	ch ss cardiac or r	reapiratory arrest	, Approximate interval Between		
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	S A CONSEQUENCE OF):	tie Condiou	incula	Vizeo.	×		
MEDICAL		Known effo	h but not resulting in log, E glos	the underlying cause given is menuloxogkintor	PE	S AN AUTOPSY RFORMED? ES 2 ANQ	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
JAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0.0	0013	26. PLACE OF DEATH (C	Check only one)				
SIC	1 VES 2 NO	HOSPITAL:		OTHER:  Nursing Nome 5 Residence	6 Other (Specify	)			
BY PHYSICIAN:	27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. OESCRIBE HOW INJURY OCCUREO  WORK?  1 YES 2 NO								
	3 Suicide 6 Could not ba determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)  1 SERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner es stated.								
9	2 MEDICAL EXAMIN	ER: On the baels of examin	ation end/or investigation,	In my opinion, death occured at ti	ne time, date end plac	ce, end due to the c	ause(e) and menner ee stated.		
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	Clos 4	n.D	29c. LICENSE N			IGNED (Month/Day, Year)		

OHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND		HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Veronica	I	BALA	n p	2. DATE OF		GYEAR 91	3. TIME OF DEATH / 7.30 M
4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER YEA		7. DATE OF (Month, L	BIRTH One Mari	8. BIRTI	IPLACE (State or Foreign
163-34-7917	1 □ M 2 □XF 8	7 YRS.	MONTHS DAY	S HOURS MIN.		7, 1904	555	PA
9a. FACILITY NAME (If not institution, give st			9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. C0	OUNTY OF C	DEATH
Union Hospital of	of Cecil Coun	ty	Elkt	on			Cecil	
10a. STATE MD 10b. COUNTY	Cecil		town or Lo					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		T 40- 0	NTITEN OF	1 TYPES 2 NO
136 Massachusett	s Ave. Chesa	peake Ha	ven	21919		10g. C	US	what country? A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Speci	en, Puerto Ric		14. RAC Blac Spec	E — American Indian, k, White, etc. #/y: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during	ATION most of working	16b. K	IND OF BUSINESS/	INDUSTRY	
11	4	Tea	cher			Education	n	
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N.		Idle, Maiden Surname		
James B. Smith				Elizab	eth M	cCulkin		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number	City or Town, State,	Zip Code)	
Jane Matters		West	Chest	er, PA				
20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remo		PLACE AND DATE			9/9	20c. LOCATION Haverte		A CONTRACTOR OF THE PARTY OF TH
21. SIGNATURE OF FUNERAL SERVICE LIC				E AND ADDRESS OF F	ACILITY			
+ Hary B.	Fellows		Fel 226	lows Fune	st.,	ome Cecilton	MD	21913
23. PART I. Enter the diseases, or o	omplications that caused List only one cause on ea	the desth. Do n	ot enter the	mode of dying, su	ch ss cardle	c or respiratory	srrest,	Approximete
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Metastas	co ine.	n coi	of ,	460	luna		Interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF	):		7			
Sequentielly list conditions, if any, leading to immediate csuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	·):					
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	j:					
PART il. Other significent condition	a contributing to death bu	t not resulting i	n the under	ving cause given is	n Part i	24s. WAS AN AUTOPS	RV 24	b. WERE AUTOPSY FINDINGS
	a continuating to death ou	t not resulting i	ii tilo dilderi	ying codes given i		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TES 3 NO		OF DEATH?
								1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL				DI ACE OF CEATURE	Shookt :			
EXAMINER?	HOSPITAL:	#	OTHER:	8. PLACE OF DEATH (C				
27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outpa 28a, DATE OF INJURY	26b. TIM		Home 5 Aesidence	_	(Specify)	OCCUBED	
1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	WORK7	200. 0230	THOL HOW MOOK!	OOCONED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, a	street, factory,	office	281. LOCAT	TION (Street and Num Town, State)	nber or Rural	Route Number,
and and are	CIAN: To the best of my knowle							(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIED	1 Com	44.0		29c. LICENSE NO	UMBER O 1 =	29d. I	DATE SIGNE	0 (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	[ ]	113	M	1	21631
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE V	(11)	E11	K 101	7 ///6	j	21721
SEP 06 '91	Julia Davidson	MANAGE						

a state of the sta

,		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE	OF HEALTH AND		GIENE G. NO.	
		1. DECEDENT'S NAME (First, Middle, Last, Arnold R&	1 17 11 6	Brown, S	2 .	2. DATE OF DE		3. TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 212-09-5594	1 M 2 0 F 80	yrs. last birthday) IF UNDER MONTHS MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIF (Month, Day,	TTH (Noar) 1906	8. BIRTHPLACE (State or Foreign Country)
1, 2, 3 should	E E	Memorial  RESIDENCE OF DECEDENT	Hospital		town or location of	DEATH	9c. COUNT Tall	of death
permit. Pages	DIREC		EEH PHNE	S CEN	TREV. 118			10d. INSIDE CITY LIMITS?  1 YES 2 NO
ısıt	FUNERAL		ommerce		101. ZIP CODE 2161	7	N	EN OF WHAT COUNTRY?
21215-0020 al or attending physician for use as the burial-tra	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE		MS DECENDENT OF NISP yea, specify Cuban, Mexi YES 2 NO Spec	can, Puerto Rican, i	cify Yes or No— 1	4. RACE — American Indian, Black, White, atc.
21 o al or for u	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) SCCONARI	College (1-4 or 5+)	6a. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	CUPATION uring most of working		F-EM	
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	BROWN	CAFVE		IAME (First, Middle,	Malden Surname)	100
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) NSS. Sh. R. E. T	a Haceis	19b. MAILING ADDRESS	(Street and Number or Rura		or Town, State, Zip C	20 NEZ
m Z g z		20e. METNOD OF DISPOSITION Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20b.Pl	LACE AND DATE OF DISPOSIT	ION (Name of	OATE 2	ROG. LOCATION - CI	Ty or Town, State  LEV. 11E Md.
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LI		22. N	AME AND ADDRESS OF P			2/620
760, ed within 24 hours aft ompletely filled in by al. cremation, or remo event, the medica		23. PART I. Entar the diseases, or shock, or haert failura. IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	e. OUE TO (OR AS A CO	on trust is	ha mode of dying, au	ch aa cerdlac o	respiratory erres	at, Approximata Interval Between Onset and Death
S, P.O. BOX 6870 death certificate be executed e attending physician and con lental Hygiene prior to burial, ury, or other traumatic or	CERTIFICATION	Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR AS A CCDUE TO (OR AS A CCDUE TO (OR AS A CC					
RECORD v requires that the been signed by th t. of Health and M shows any inji	: MEDICAL	PART II. Other algoriticant condition	s contributing to death but	not reaulting in the und	erlying ceuse given is	P	AS AN AUTOPSY ERFORMEO? YES 2 MO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 P NO
AN: The law inficate has be State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO	HOSPITAL: 1 Sainpetient 2 ER/Outpetie	OTHER:	26. PLACE OF DEATN (C			1
PHYSICI, this cert with the	ву Рну	27. MANNER OF OEATN  1. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		8c, INJURY AT WORK?		NOW INJURY OCCU	RED
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	ED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, atreet, factor	y, offica	28f. LOCATION (. City or Town,	Street and Number or State)	Aural Route Number,
AL OR	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	CIAN: To the best of my knowledgers: On the bests of axamination ar	ge, death occurred at the tim	e, date and ptace, and du	e to the cause(a) ar	nd manner es stated	cause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CONTIFIE	min		29c, LICENSE NU			SIGNEO (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WA	Nea Pou	Bax 210	Queent	ru n	no 21	658
		31. DATE FILED (MSEP 9), Nove 91	32. REGISTRAR'S SIGNATU	idson-Randall				

A 121 Market Marke

The

28 is marked,

tem

2

31. DATE FILED (Month, Day, Year)

Michael S. Audman, MD.

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MICHAEL S. RUDMAN, M.D. MIDDLETOSON.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rands

this c

After th

DIRECTOR: hours after of

TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN

HOSPITAL OR ATTENDING PHYSICIAN:

8		
al-tre		
pni		
the		
93		
use		
10		
thed:		es.
Jeta		Duc
a a		at
용		pa
Sho		otifi
le 5		
Pag		t b
ctor,		nus
dire		10
eral		nin
ş		exar
#	lova	100
5	Гет	palic
8	0,	Ē
y fill	thou	\$
lete	LIGHT.	Ħ,
E	Ç	20
0	=	6
00 pc	ourlal,	rtic ev
n and co	to burial,	ımatic ev
sician and co	orior to burial,	traumatic ev
physician and co	ne prior to burial,	er traumatic ev
ling physician and co	ygiene prior to burial,	other traumatic ev
tending physician and co	al Hygiene prior to burial,	or other traumatic ev
ne attending physician and co	Mental Hygiene prior to burial,	ury, or other traumatic ev
y the attending physician and co	nd Mental Hygiene prior to burial,	Injury, or other traumatic ev
ed by the attending physician and co	th and Mental Hygiene prior to burlal,	any injury, or other traumatic ev
signed by the attending physician and co	Health and Mental Hygiene prior to burial,	ws any injury, or other traumatic ev
een signed by the attending physician and co	of Health and Mental Hygiene prior to burlal,	shows any injury, or other traumatic ev
as been signed by the attending physician and co	lept. of Health and Mental Hygiene prior to burial,	23 shows any Injury, or other traumatic ev
te has been signed by the attending physician and co	ite Dept. of Health and Mental Hygiene prior to burlal,	am 23 shows any Injury, or other traumatic ev
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	I, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1 DECEDENT'S NAME (First Middle Leet) 1991 9 Glenn Wilson Gardner Bidle 20, Sept. MADO 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH May 17 DAYS HOURS 216-05-9832 1 M 2 - F 1915 Md 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT DIRECT 10a, STATE 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Frederick Myersville 1 YES ZENO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 9162 Myersville Rd. 21773 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 real estate company owner and broker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walter S. Bidle Sr. Virginia Grace Gaver BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Bidle 9162 Myersville Rd., Myersville, Md. 21773 20s. METHOD OF DISPOSITION

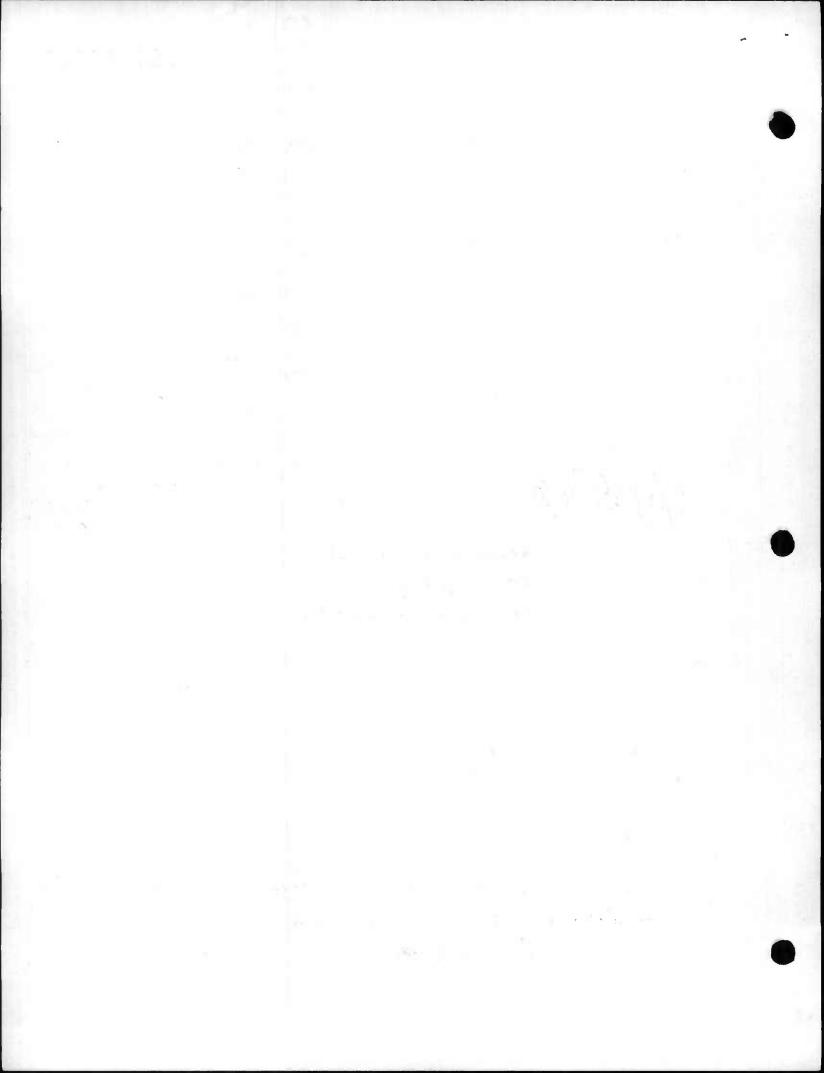
10s. Burlal 2 Cremation 3 Removal from State
4 Donation As 1 Other County 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata Lutheran Cemetery 9/24 Donation /6 - Other (Specify) Middletown, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ACCRESS OF FACILITY
Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, mock, or heart failure. List only one cause on each line. Approximata Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition hemorrhage, interna resulting in death) Coagulo patty.

OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate chronic active hepatitis cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

D17601.

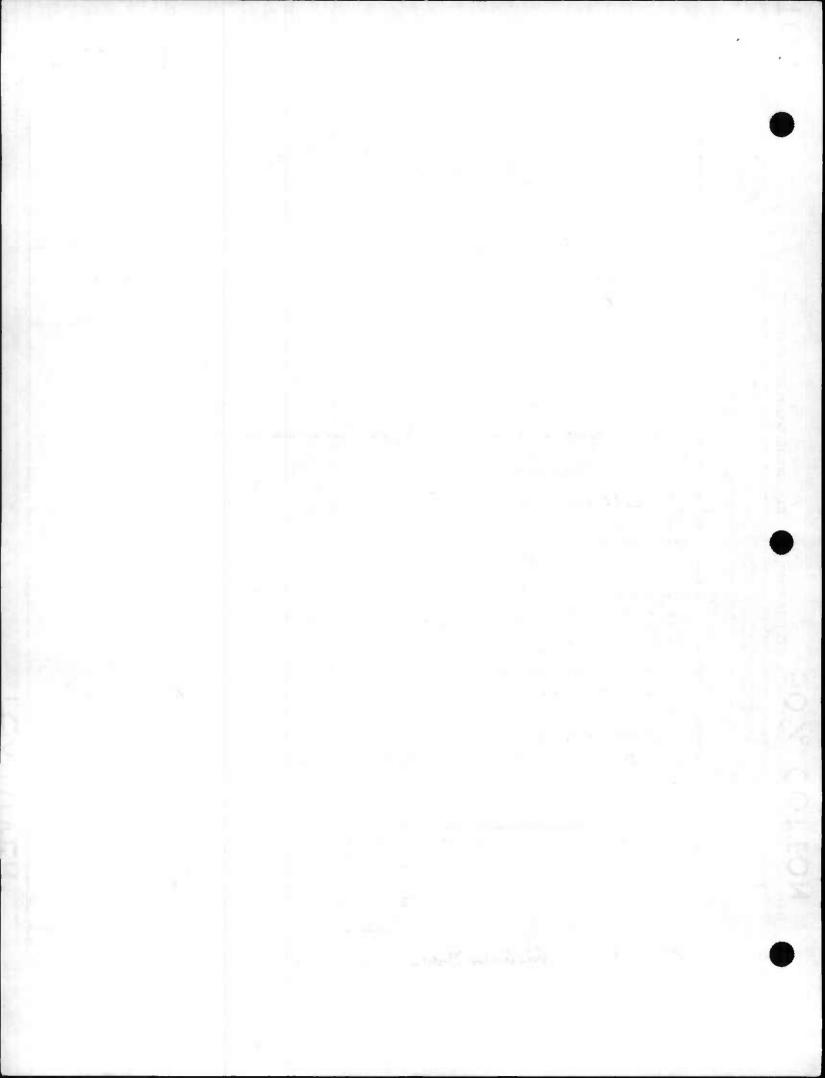
P9-25-91



	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTIF	RTMENT OF		MENTAL	HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Middle, L Mary Ruth Brot	wn Buckne	r			2. DATE O MONTH	F DEATH DAY	19 9	EAR /	O230
1	4. SOCIAL SECURITY NUMBER 220-18-2418	5. SEX 1 M 2 2 F	6. AGE (In yrs. lest birthday) 67 YRS.	MONTHS DAYS		A pri		, 1924	BIRTHPLA Country) Ma:	ce (State or Fore
4	Frederick Me	morial Ho	spital		rederic			9c. COUNTY		rick
DIRECTO	10a. STATE 10b. CO			TY, TOWN OR LOC	ferson					LIMITS?
FUNERAL [	10e. STREET AND NUMBER 3727 Jeffers				101. ZIP CODE 2175!	<u> </u>		10g. CITIZEN		COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T.EVER IN U.S. ARMED YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	an, Puerto Ric		or No 14	Black, WI	American Indian
COMPLETED	15. DECEDENT'S (Specify only highest of the secondary (0-12) 12 VO 27° S	EDUCATION grade completed)  College (1-4 or 5 +	(Give kind of	s usual occupa I work done during use retired.) kkeepe	most of working	111111111111111111111111111111111111111	arm I			t Cent
BE CON	17. FATHER'S NAME (First, Middle, Last Lewis W.		•		18. MOTHER'S N. Ells		ddie, Maiden S Thra:			
0	190. INFORMANT'S NAME (Type/Print) Mrs. Gail Co	blentz	196. MAILIN 530	G ADDRESS (Street	St., Fr	Route Number	ck, city or Town,	Md. 2	170:	1
	2 Cremetion 3 Capacity 2 Comments and 4 Capacity Capacity 21. SIGNATURE descriptions of the Capacity Richard	E DOENSEE NO	MO0255	22. NAME Ke	theran (  AND ADDRESS OF FI  eney & 1  6 East	Cem 9	rd P	91 Je	ffer	rson, M
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):	tuge C	olb				Interval Bet Onset end
MEDICAL C	PART II. Other significent cond		death but not resulting	g in the underly	ring ceuse given in	1	24a. WAS AN A PERFORI	MED?	CO DF	RE AUTOPSY FIN NILABLE PRIOR TO MPLETION DF CA DEATH?  YES 2 No
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one	)			
	1 TYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	ER/Outpatient 3 DOA FINJURY 28b. Ti	IME OF 28c.	IOME 8 Residence INJURY AT WORK?  YES 2 NO	_	(Specify) CRIBE HOW IN	JURY OCCU	RED	
TED BY	2 Accident Investiga 3 Suicide 8 Could no 4 Homicide determin	t be 28e. PLACE C	OF INJURY — At home, farm, etc. (Specify)				TION (Street en Town, State)	nd Number or	Rural Rout	number,
COMPLET	enel		f my knowledge, death occu							d manner ee ste
BE	SO SIGNATURE AND STLE OF CER	harden N	ハウ		DZ19L	UMBER		29d. DATE 5	IGNED (M	onth, Day, Year)
TO		530m 147	5 TANEY A	ve. Su	te 204	Fre	deriu	k md	· 21	707
	SFP 2.0 1991	Julia Davidson	AR'S SIGNATURE							

	2,3	•	
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present in the complete of		
	THE P		
	sit pen		
sician.	al-tran		
d phy	e buri		
ttendir	e as th		
al or a	for us		
hospi	tached		ce.
by the	be de		at or
tained	should		tiffled
y be re	age 5		be no
6 ша	ector, p		must
Page	aral din		niner
r death	he fune	al.	exam
urs afte	in by t	гето	edica
24 hor	/ filled	bon, or	the m
within	pletely	стета	rent,
ecuted	nd con	burial,	affic en
be ex	ician a	or to	Taum
rtificate	g phys	iene pr	ther 1
ath ce	ttendin	tal Hyd	, or 0
the de	y the	Men Men	Injur
res that	igned t	ealth a	rs amy
v requi	been s	t. of H	show
The lav	te has	rte Dep	9m 23
CIAN:	ertifica	the St	or 10
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this c	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Z	R: After	or deat	Is m
R ATTE	RECTO	urs afte	ORTANT: If Item 28 Is
TO THE HOSPITAL OR ATTE	PAL DI	filed within 72 hours after	If Ite
HOSP	FUNE	within	TAMT
O THE	D THE	be filed	MPOF

1. DECEDENT'S NAME (First,					as Georg	jia R.		AY Y	EAR	3. TIME OF DEATH
Georgi  4. SOCIAL SECURITY NUMB		h Bond	6. AGE (In yra. le	and blotholaud	IF UNDER 1 YEAR	IGNEY  IF UNDER 24 HRS.	09 - 18	3- 91	DIOTI	IPLACE (State or Foreign
216-30-019		1 M 2 K F	59	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-28-32		Counti	
9a, FACILITY NAME (If not in			27		9b. CITY, TOWN (	OR LOCATION OF D		9c. COUNTY		
6212 Guthrie	e Court				Sykesv			Carro	011	County
10e. STATE	10b. COUNTY	-11 Cours		10c, CIT	TY, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Carro	oll Coun	Ly		Sykesvi	TTTE		10- CITIZE	N OF I	1 YES 2 NO
6212 Guthr:	in Com	ab			10	21784		log. Critze		
11. MARITAL STATUS	re com	12. WAS DECEDEN	T EVED IN II Q A	PMED	12 WAS DEC		NIC ORIGIN? (Specify Ye	n or No 1		S.A.
1 Never Married 2 1 Divo		FORCES?	MAR OR DATES		If yes, sp		an, Puarto Rican, atc.)		Spec	E — American Indian, k, White, atc. Hy: White
15, DEC	EDENT'S EDUC	ATION	16a. D	DECEDENTS	S USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUS	STRY	111111111111111111111111111111111111111
(Specify onl) Elementary/Secondary (0	y highest grade (	College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done during mo ise retired.)	ost of working				
12				Hea	lth Aide	2	State	of Max	rvl	and
17. FATHER'S NAME (First, M	fiddle, Last)			12-7		_	AME (First, Middle, Maider			
Drewie	Mullir	าร				Ste	ella Burdin	ne		
19s. INFORMANT'S NAME (7	Type/Print)		1	19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip C	ode)	
Mrs. Debora	ah L. H	larry		4197	Jefferso	n Avenue	e Sykesvil	le, MD	21	784
20a. METHOD OF DISPOSITE		wel form State	20b. PLAC	E AND DAT	E DF DISPOSITION	N (Name	DATE 20c. LO	OCATION — CH	ty or To	own, State
4 Donation 5 Other		vai nom otate	Of Cernetar							
			_   Cres	tlawn	Memoria	al Garder	1s 9/21 Mai	criotts	svi	lle, MD
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	7		22. NAME A	NO ADDRESS OF F				
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE 7	7		HAIC	NO ADDRESS OF FA	RAL HOME (I	P.O. Bo	XC	195)
· Bu	iar	X. 7	aigh	+	22. NAME A HAIC Syk	NO ADDRESS OF F HT FUNER Cesville	RAL HOME (1 , MD 21784	2.0. Bo	эх -79	195)
But 23. PART I. Enter tha d	ak liseases, or c	S. J.	aight	death. Do	22. NAME A HAIC Syk	NO ADDRESS OF F HT FUNER Cesville	RAL HOME (1 , MD 21784	2.0. Bo	эх -79	195) 5–1400   Approximata
23, PART I. Enter tha d shock, or h	liseases, or c	X. 7	aight	death. Do	22. NAME A HAIC Syk	NO ADDRESS OF F HT FUNER Cesville	RAL HOME (1 , MD 21784	2.0. Bo	эх -79	195) 5–1400
23. PART I. Enter that described shock, or he immediate cause (Fir disease or condition	liseases, or c	omplications the	at carsed tha cuse on sech lin	death. Do	22. NAME A HAIC Syk	NO ADDRESS OF F HT FUNER Cesville	RAL HOME (1 , MD 21784	2.0. Bo	эх -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter tha d shock, or h IMMEDIATE CAUSE (Fir	liseases, or c	omplications the lat only one ca	aight	death. Do	22. NAME A HAIG Syk not entar tha mo	NO ADDRESS OF F HT FUNER Cesville	RAL HOME (1 , MD 21784	2.0. Bo	эх -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter that described shock, or he immediate cause (Fir disease or condition	liseases, or c	omplications the lat only one ca	at caused that cause on aech lin	death. Do na.	22. NAME A HAIC Syk not entar tha mo	NO ADDRESS OF F HT FUNFI Sesville, ode of dying, su	ACILITY RAL HOME (I , MD 21784 ch se cardlec or resp	2.0. Bo (301)- directory error	эх -79	195) 5–1400 Approximata Interval Between
23, PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list conditions.	iliseases, or cleart failure. I	omplications the lat only one ca	at caused that cause on aech lin	death. Do na.	22. NAME A HAIC Syk not entar tha mo	NO ADDRESS OF F HT FUNFI Sesville, ode of dying, su	RAL HOME (1 , MD 21784	2.0. Bo (301)- directory error	эх -79	195) 5–1400 Approximata Interval Between
23. PART 1. Enter tha d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY!	ilseases, or cleart failure. I	omplications the lat only one can be recommended.	at caused that cause on each lin	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNER  CESVILLE,  ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardlec or resp	2.0. Bo (301)- directory error	эх -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuince)	ilseases, or cleart failure. I	omplications the lat only one can be recommended.	at caused that cause on aech lin	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNER  CESVILLE,  ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardlec or resp	2.0. Bo (301)- directory error	эх -79	195) 5–1400 Approximata Interval Between
23, PART 1. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediates. Enter UNDERLY!	Riseases, or clearit failure. It inal	omplications the lat only one can be recommended.	at caused that cause on each lin	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNER  CESVILLE,  ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardlec or resp	2.0. Bo (301)- directory error	эх -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	Riseases, or cleart failure. It is the state of the state	omplications the lat only one can be to be	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardlec or resp	P.O. Bo (301)- olratory arrea	эх -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust initiation)	Riseases, or cleart failure. It is the state of the state	omplications the lat only one can be to be	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardiec or resp	P.O. Bo (301)- olratory arrea	0X -79	195) 5–1400 Approximata Interval Between
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	ilseases, or cheart failure. It in all in al	omplications the List only one can be	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardiec or resp	P.O. Bo (301)- plratory arrea  M.E.  N.AUTOPSY RMED?	0X -79	195) 5–1400 Approximata Interval Betwee Onset and Det
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS	ilseases, or cheart failure. It in all in al	omplications the List only one can be	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch as cardlec or resp  S YN DROW	P.O. Bo (301)- plratory arrea  M.E.  N.AUTOPSY RMED?	0X -79	195) 5–1400 Approximata Interval Betwee Onset and Decided Conset and D
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS	ilseases, or cheart failure. It in all in al	omplications the List only one can be	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch as cardlec or resp  S YN DROW	P.O. Bo (301)- plratory arrea  M.E.  N.AUTOPSY RMED?	0X -79	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset an
23. PART 1. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification of the condition o	Riseases, or cheart failure. It in all in a line in a li	omplications the lat only one can be reconstributing to a second of the latest the lates	at caused that cause on each life of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  SESVILLE, ode of dying, su-	ACILITY RAL HOME (I , MD 21784 ch se cardiec or resp  S YN DROS  PERFO 1 YES	P.O. Bo (301)- plratory arrea  M.E.  N.AUTOPSY RMED?	0X -79	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset an
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injut that initieted events resulting in death) LAS  PART II. Other signification.	Riseases, or cheart failure. It in all in a line in a li	omplications the List only one can be	at caused that cause on aech line (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	death. Do na.  SEQUENCE ( TM S	22. NAME A HATC Syk not entar tha mo	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, sur  CENCY  CONTA	ACILITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW PERFC 1   YES	P.O. Bo (301)- plratory arrea  M.E.  N.AUTOPSY RMED?	0X -79	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset an
23. PART 1. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification of the condition o	Riseases, or cheart failure. It in all in a line in a li	omplications the late only one can be reconstructed by the reconstruction of the reconst	at caused that cause on aech life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	death. Do na.  DEOUENCE ( TIME	22. NAME A HATC Syk not enter the mo	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, su-  CENCY  CENCY  CALLED	ACILITY RAL HOME (I , MD 21784 ch se cardiec or resp  S YN DROS  PERFO 1 YES	NAUTOPSY RMED? 2 DINO	OX - 79	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset an
23. PART I. Enter tha deshock, or he immediate Cause (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the condition of the condition in the condition i	ilseases, or clear failure. I clear fail	omplications the late only one can be reconstructed by the reconstruction of the reconst	at caused that cause on aech life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	death. Do na.	22. NAME A HAIC Syk not enter the mo  OF):  OF):  OF):  OF):  OF):  OF):  28. P  OTHER: 4   Nursing Hot  MUNURY W	IND ADDRESS OF F.  HT FUNET  CESVILLE, ode of dying, sur  CESVC Y  CONTA  Ing cause given in  PLACE OF DEATH (Comme 8)  Residence JURY AT  JURY AT	ACILITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW PERFO 1 YES	NAUTOPSY RMED? 2 DINO	OX - 79	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset an
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS  PART II. Other signification of the immediate of the imme	ilseases, or chart failure. It in all	Omplications the List only one can be	at caused that cause on aech ling of the cause on aech ling of the cause of the cau	death. Do na.	22. NAME A HATC Syk not enter the mo  OF):  OF):  PANOTOFIC  In the underlyin  28. F  OTHER: 4   Nursing Hoi ME OF NURY M 1	IND ADDRESS OF F.  HT FUNET  CESVILLE,  ode of dying, sur  CENCY	ACILITY RAL HOME (I MD 21784 ch se cardiec or resp  S YN 0/202  1 Part I. 24a. WAS A PERFC 1 YES  Check only one) 26d. DESCRIBE HOW	N AUTOPSY RIMED? 2 DENO	244 JRED	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onse
23. PART I. Enter tha deshock, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injut that initieted events resulting in death) LAS  PART II. Other signification of the immediate in the im	ilseases, or clear failure. I clear fail	Omplications the List only one can be	at caused that cause on aech life of the cause on aech life of the cause of the cau	death. Do na.	22. NAME A HAIC Syk not enter the mo  OF):  OF):  OF):  OF):  OF):  OF):  28. P  OTHER: 4   Nursing Hot  MUNURY W	IND ADDRESS OF F.  HT FUNET  CESVILLE,  ode of dying, sur  CENCY	ACILITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW PERFO 1 YES	N AUTOPSY RIMED? 2 ON NO.	244 JRED	Approximata Interval Betwee Onset and Decided Conset
23. PART I. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in death)  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 No  27. MANNER OF DEATH  1 Natural 5 Suicide 8 Suicide 8 Homicide	ilseases, or cheart failure. It in all the state of the s	omplications the List only one can be contributed to the can be can be contributed to the can be contributed to the can be contributed to the can be can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the can be contributed to the	at caused that cause on aech life of the cause on aech life of the cause of the cau	death. Do na.  SEQUENCE ( TTS)	22. NAME A HATC Syk not entar tha mo  DF):  DF):  PACOP  OF):  28. P  OTHER: 4   Nursing Hot ME OF NURY M 1   , street, factory, offi	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, sur  CESVILLE  ODE OF DEATH (COMMON AT OUT)  PLACE OF DEATH (COMMON AT OUT)  VES 2 NO  CG	ACLITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW  PERFC  1 YES  Check only one) 28d. DESCRIBE HOW  281. LOCATION (Streechly) 28d. DESCRIBE HOW	N AUTOPSY RMED? 2 (MNO INJURY OCCU	OX - 79 at,	Approximata Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onse
23. PART I. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the condition of	ilseases, or cleart failure. It in all it in a little in all in a little in all in a little in all in a little in all in a little in all in a little i	omplications the List only one can be	of my knowledge,	death. Do na.  SEQUENCE ( TM S	22. NAME A HATC Syk not entar tha mo  DF):  PARE A  OF):  26. F  OTHER: 4   Nursing Hot NJURY M 1   , street, factory, offi	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, sur  CENCY  CENCY  CALLED OF DEATH (COMME 8) (Residence JURY AT  YES 2 \[ \] NO  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due	ACLITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW  PERFC  1 YES  Check only one) 28d. DESCRIBE HOW  281. LOCATION (Streechy) 28d. DESCRIBE HOW  as to the cause(a) and m	N AUTOPSY RIMED? 2 DENO 2 and Number of	OX - 79 at, 244	Approximata Interval Betwe Onset and Det Ons
23. PART I. Enter tha dishock, or himmediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the condition of	ilseases, or cleart failure. It in all it in a little in all in a little in all in a little in all in a little in all in a little in all in a little i	omplications the List only one can be	of my knowledge,	death. Do na.  SEQUENCE ( TM S	22. NAME A HATC Syk not entar tha mo  DF):  PARE A  OF):  26. F  OTHER: 4   Nursing Hot NJURY M 1   , street, factory, offi	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, sur  CENCY  CENCY  CALLED OF DEATH (COMME 8) (Residence JURY AT  YES 2 \[ \] NO  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due	ACLITY RAL HOME (I MD 21784 ch se cardlec or resp  S YN DROW  PERFC  1 YES  Check only one) 28d. DESCRIBE HOW  281. LOCATION (Streechly) 28d. DESCRIBE HOW	N AUTOPSY RIMED? 2 DENO 2 and Number of	OX - 79 at, 244	Approximata Interval Betwe Onset and Det Ons
23. PART I. Enter tha dishock, or himmediate Cause (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition for the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification for the cause of t	ilseases, or cleart failure. It in all in a state of the	omplications the List only one can be	of my knowledge,	death. Do na.  SEQUENCE ( TM S	22. NAME A HATC Syk not entar tha mo  DF):  PARE A  OF):  26. F  OTHER: 4   Nursing Hot NJURY M 1   , street, factory, offi	IND ADDRESS OF F.  HT FUNFI  CESVILLE, ode of dying, sur  CENCY  CENCY  CALLED OF DEATH (COMME 8) (Residence JURY AT  YES 2 \[ \] NO  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due  The and place, and due	ACLITY RAL HOME (I , MD 21784 ch se cardiec or resp  S YN 0/202  n Part I. 24a. WAS A PERFC 1 YES  check only one) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Steet	N AUTOPSY RIMED? 2 MNO INJURY OCCU	OX - 79 at, 244	Approximata Interval Betwe Onset and Del Ons



,	٦	2	•
A.V		7	•
AY.		-,	
200	٠.	-age	~
		if.	
		E	
		Sit	
_	clan	-tra	
20	hysi	uria	
00	D D	he b	
'n	endir	as t	
2	r att	use	
N	al o	ğ	
9	ospi	hed	
A	9	letac	
7	by th	20	
ď	bed	PIN	
N	etair	Sho	
i	2	ige 6	
æ	may	ć pa	
0	9 9	ecto	
2	Pag	e di	
5	ath.	Juer	
BA	er de	the fa	
	s aft	JO DE	2
	hour	Di S	9
"	24	y filly	
ó	/ithir	leter	
9/	A pe	Omo	-
9	BCUT	nd o	
×	9	an a	2
0	ate b	ysici	
	tifica	dd D	
9	Cel	Hydin	
,	death	affe	
۵	the (	The Me	
Y.	hat	d by	
5	Sa	igne	
Ţ	edni	of H	
	Jaw I	eof.	
4	The	te ha	
IVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 1, 2	
_	SICI	cert	
0	PHY	this	
2	ING	Wher	
2	END	R: A	
5	ATT	ECTO S aft	
-	or	OE S	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 91 19 Ethe1 Alverta Barnes 09 17:35 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 200-10-4852 1 M 2 F HOURS 88 YRS. 03-09-1903 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Westminster 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2515 Uniontown Road 21157 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 25 NO 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 TYES 2 X NO Specify: White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Seamstress Shoe Factory be notified at once, 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) (unknown) BE (unknown) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert C. Barnes 2209 Keysville Road, Keymar, MD 21757 20a. METNOD OF DISPOSITION
1 Strict | Burlei | 2 | Cremellon | 3 | Removal from State
4 | Donetion | 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata must DATE Westminster Cemetery 9/23Westminster, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD21157 medical 23. PART I. Enter the diseases, or complications that Fauned the Costh. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximsta Interval Between Onset and Death IMMEDIATE CAUSE (Finsi the disesse or condition Nosepson event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantisity list conditions, TO (OR AS A CO SEQUENCE OF): If any, lasding to immediate cause. Enter UNDERLYING Shi other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 0 23 shows any Injury, PART ii. Other algnificant conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Item HOSPITAL:
1 Ainpetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, lectory, office building, etc. (Specify) 3 Suicide ETED. 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 8 Could not be 4 Nomicide 28 determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 21 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 9-20-9 2000 2 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON Bloc 4500 21079 FINA DAM ASSPEAN AND AND SEP 2

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND C		NT OF HEALTH		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Bladys V. Beck			2.	DATE OF DEATH MONTH DAY	1991	3. TIME OF DEATH  2 30 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. )	yrs. IF UNI	DER 1 YEAR IF UNDER	MIN	DATE OF BIRTH (Month, Day, Year) eb. 14.1	Count	
5	9e. FACILITY NAME (If not institution, give street and number)  Long View Nursing Home		TY, TOWN OR LOCATI	ON OF DEATH		ec. County of Carro	DEATH
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY						Characteristics
DIRECTOR			N OR LOCATION				10d. INSIDE CITY LIMITS?
	Md. Carroll	Ivi	ancheste			40- CITIZEN OF	1 YES 2 NO
FUNERAL	3177 Main St.		213	_			·A ·
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1	3. WAS DECENDENT ( If yee, specify Cube 1  YES 2 NO	en. Mexicen. P	ORIGIN? (Specify Yee overto Ricen, etc.)		E — American Indian, ik, White, atc. White
COMPLETED	(Specify only highest grade completed)		occupation ne during most of world 1.) Worker	ing	186. KIND OF BUSI	NESS/INDUSTRY	cker
ME	17. FATHER'S NAME (First, Middle, Last)	•	40 14000	NEDIO MANE	(First, Middle, Maiden S		
S	Urban Utah Gouker		18. MOI		e Kle		
BE		195 MAILING ADOR	ESS /Street and Number		e Number, City or Town,		
٩					., Manche		Md.
	1X Suriel 2 ☐ Cremetion 3 ☐ Removal from State Other	place)	(Name of cometery, cred Memorial			over, P	
	21. SIGNATURE OF FUNDRAL SERVICE LICENSEE		2. NAME AND ADDRE			7401	
	+ H. J. Zelevalt	>			uneral (		21102
	23. PART I. Enter the diseases, or complications that caused the shock, be near feliure. List only one cause on each li	daath, Do not en	ler the mode of dy	ring, such a	s cardiac or respin	atory screet,	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. Very large pure to (or as a cons		ret my	ypr	loke.	lung	Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
	PART II. Other significant conditions contributing to death but no	t resulting in the	underlying csuse	given in Pa	rt i. 24a. WAŞ AN A		b. WERE AUTOPSY FINDINGS
IN: MEDICAL	Responstany un		least	Fra.	PERFORM 2	1 4	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН					
PHYSICIAN:	1 VES 2 NO 1 Inpetient 2 ER/Outpetient  27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		Other (Specify)  Bd. DESCRIBE HOW IN	JURY OCCURED	
ВУ	1 Accident Investigation	M	1 YES 2	□ NO			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	2	Bf. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, one)  2 MEDICAL EXAMINER: On the basic of examination end/						(e) end menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	10	29c. LIC	123	86	≥ 9d. DATE SIGNE	0 (Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	+ M.	ANC	heste	r MJ	21102
	SEP 2 3 '91 SEP 2 3 '91	dell				,	

rent Wagante F-4 - 4-1 1 (22) J HITEM • • e g from the first of the second of the second Newychard of any part to be doing I to the A Total and the second

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 550 SYLMAB. BOTELER 14 91 AM OC 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Morith, Pay, Yedr) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 76 212-03-1107 YRS. Nov. 6, 1914 Maryland permit, Pages 1, 2, 3 should 9a; FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Gen'l Hospital Annapolis Anne Arundel RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 TES 2 NO Maryland Anne Arundel Glen Burnie 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 2 Magnolia Ave. 21061 U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 6 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Jacob Press Gertrude Hilkowitz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melvin W. Boteler Magnolia Ave., Glen Burnie, Maryland 21061 å 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must Glen Haven 4 Donation 5 Other (Specify) Entombment Mem. Pk. 9/17/91 Glen Burnie, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY KIrkley Funeral Home 421 Crain Hwv.. S.E. Glen Burnie MD. 2106 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heart fellure. List only one cause on each line Interval Between ö Onset and Death IMMEDIATE CAUSE (Final the disease or condition S. RES PIRATURY ARREST DUE TO (OR AS A CONSEQUENCE OF): and completely fille burial, cremation, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and commission be filed within 72 hours after death with the Commission. resulting in deeth) traumatic event, CARCINOMA METASTATIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Wher this certificate has been signed by the attending physician a leath with the State Dept. of Health and Mental Hyghene prior to I marked, or Item 23 shows any Injury, or other trauma If any, leading to immediate AND CONGGETIVE cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗔 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide IMPORTANT: If item 28 is 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 33757 MA 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 269 PENINSUA FARMADAD SEAGGA HARLES

STILL R 1991 September Market

BALTIMORE, MARYLAND 21203-3146

1

BOX 13146, P.O. DIVISION OF VITAL RECORDS,

STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME\_(First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 79/10/91 Jean Boe 11:22p 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 08701707 RI 344-38-8070 HOURS 1 M 2 % F 84 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH RC. COUNTY OF DEATH Meridian Nursing Center Severna Park Anne Arundel DIRECTO RESIDENCE OF DECEDENT Wheaton Pages 10a. STATE Dupage 10d. INSIDE CITY 1 YES 2 500 permit. 10g CITIZEN OF WHAT COUNTRY? 10. TREET AND NUMBER ON Place FUNERAL burial-transit after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Bisck, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Marriad Specifichite BY 3 Widowed 4 Divorced page 5 should be detached for use as the 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) tery (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Phillip Wheeler 智 Sophie Hall BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Deborah DellaBarba 850 Coachway Annapolis MD 21401 pe 20a. METHOD OF DISPOSITION
1 ☐ Burlet 2 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must director, Metro Crematory Catonsville, MD examiner 21. SIGNATURE OF FUNERAL MINVICE LICENSEE 495 Ritchie Hwy. 22. NAME AND ADDRESS OF FACILITY the funeral Barranco Funeral Home Severna Park MD 21146 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate filled in by shock, or heert feilure. List only one ceuse of each line. interval Between Onset and Death **IMMEDIATE CAUSE (Finel** the DUE TO JOR AS A CONSEQUENCE OF): disesse or condition completely event, resulting in deeth) executed within burial, miles traumatic CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If eny, leading to immediate signed by the attending physician Health and Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 requires that the death shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO 1 YES 2 NO 6 has been PHYSICIAN: WEI Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The this certificate h Hem HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 4 Nursing Home 6 Residence 6 Other (Specify) 10 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 ETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide determined 28 Nem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) THE BE 223 10 30. NAME AND ADDRESS OF PERSON M. MULLINSMOS 86

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I

DIRECTOR FUNERAL BY COMPLETED BE 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

RON

SEP19

99

28

Hem

IMPORTANT: If

HOSPITAL OR ATTENDING PHYS

FUNERAL DIRECTOR:

THE F

223

	- (		Р
	1	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	١,
7	;; :	2.3	_
		55	
		Page	
		E I	
		isit pe	
	cian.	I-tran	
	physi	buria	
)	ding	s the	
1	after	Se as	
1	tal or	for	
1	hospi	ached	65
	/ the	e det	t on
	ed b	Q Pin	ed a
	retain	5 sho	notiff
-	y be	page	be
	€ E	ctor.	nust
	Page	die	Jer I
	eath.	funera	саші
	fter d	the loval.	al e
	HUIS 3	in by	ned!c
	24 NO	filled ion, c	the n
•	vithin	remat	ent,
	uted y	com,	c ev
	эехе	to bu	mati
	ate be	ysicia	r tra
	ertific	giene	othe
	ath c	uttend tal Hy	10 %
	the de	the a	Inju
	that	ed by	any
	Juires	Heal	SW0
	W rec	pt. of	3 sh
	The la	te has	₽ш 2
	IAN:	rtifica e Sta	or ite
	HYSIC	als ce	ed,
	DING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the 1 death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ō	A &	00

91-5383-003 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATN Alberto Bricena - Cavajal 09 17 1991 10:32 4. SOCIAL SECURITY NUMBER 5. SFY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 7/7/1966 COSTA RICA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Anne Arundel General Hospital Annapolis Anne Arundel 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL CROWNSVILLE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 538 PALLISADES BLVD. 21032 Costa Rica 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 NO SpecCOSTA RICAN TY YES 2 NO 3 Widowed 4 Divorced Specify HITE 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) STUDENT College 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ULPIANO BRICENO\*CASTRILLO CAVAJAL-VINCETI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21032 MARY FRANCES BRICENO PALLISADES BLVD CROWNSVILLE 20s. METHOD OF DISPOSITION
1 (Xiturial 2 Cremation 3 (Xit) 20c. LOCATION — City or fown, State
LIBERIA COSTA RICA 20b. PLACE AND DATE OF DISPOSITION (Name of matter 5 D Other (Specify) TURE OF PUNERAL SE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel Annapolis, Md. PART I. Enter the diseases, or complid hat chused the death. Do not entar the mode of dying, such as cardiec or reepiratory arrest, Approximata ahock, or heart fallura. List only on cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition A CONSEQUENCE OF): reaulting in death) DUE TO (OR AS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) reaulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 | Netural 2 Accident 5 Pending Investigation 09 17 1991 9:35A 1 YES 2 NO Pedestrian struck by auto 28e. PLACE OF INJURY --- At home, ferm, street, factory, building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) Rte. 50 eastbound Sulcide 8 Could not be 4 Homicide on street River Bridge 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 09 18 1991 .C.M.E

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 111 Penn Street. Baltimore Marvland 21201 32. REGISTRAR'S SIGNATURE hie Tavidson Bardelle

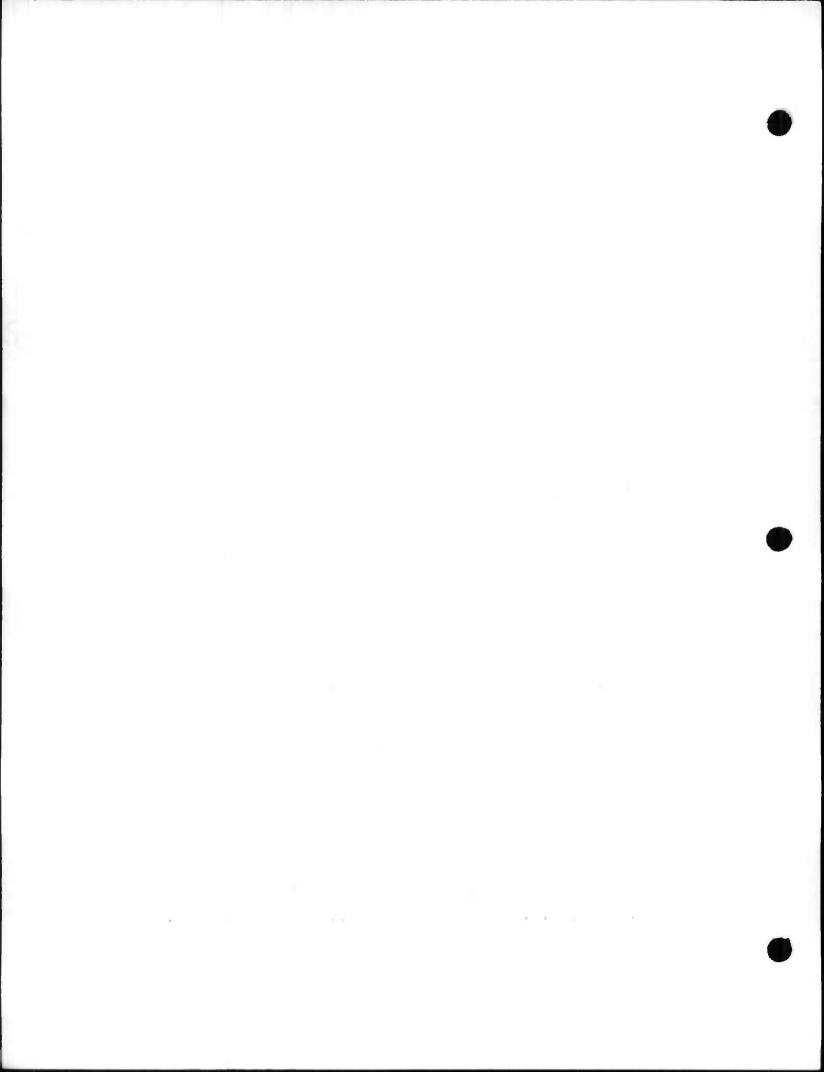
and the state of the state of the

	+		
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
	B		
	nsit		
	-tra		
	nal		
	园		
•	the		
	as		
	88		
	5		
	d fo		
	hec		al.
	tac		20
	de		9
•	2		7
	용		9
	Sho		=
	40		5
	96		9
•	pa		=
	101		5
	100		=
	0		ē
	era		를
	5		EX.
	the state	Š	=
	3	J. W	Ca
	5	100	9
	8	0	E
	-	5	the state
	tely	maî	1
	ble	Crel	ē
	E	- i	હ
	P	uni.	tic
	9	0 0	BE
	ian	7	3
	Sic	P.	=
	듄	9	ě
	9	gie	등
	B	£	6
	atte	Ital	×
	9	Me	3
	N T	2	트
	P	B	E
	gne	att	60
	55	Ĭ	8
	ee	0	4
	S	ept	23
	100	e D	E
	cate	Stat	ie
	華	je i	6
	8	#	-
	his	With	ě
	-	5	19
	Att	dea	T I
	R.	101	3 19
	8	af	28
	RE	Urs	E
1	0	2	1
-	M	2	=
	VEF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	FU	wit	M
2	뽀	8	OR
	T	-	4
	1	2	=

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF						. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	00005						2. DATE OF DEA	21 21	54	3. TIME OF DEATH 8:20 p
	EULA IRENE 4. SOCIAL SECURITY NUMBER	BOPPE 6. AGE	(In yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT			IRTHPLACE (State or Foreign
1		111111111111111111111111111111111111111	78 YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, N	oar)	Co	Maryland
1	9a. FACILITY NAME (If not institution, give street			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE			COUNTY O	
O.	Reeders Memorial	Home		Во	onsb	oro			W.	ashir	ngton
ដ្ឋ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, Cl	TY, TOWN (	OR LOCAT	ION					10d, INSIDE CITY
OB	MARYLAND WASHIN	CTON		GERS							LIMITS?
AL	10e. STREET AND NUMBER	31011	Un	GLIO		. ZIP CODI	E		10g.	. CITIZEN C	OF WHAT COUNTRY?
ER	1235 SALEM AVENU	JE				21	1740			U.S.	.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	3	If yes, spe		ın, Mexice	NIC ORIGIN? (Spec on, Puerto Rican, et y:			NACE — American Indien, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S	S USUAL O	CCUPATIO	ON		16b. KIND (	F BUSINES	S/INDUSTR	
COMPLETED	(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	use retired.)		st of workir	rg .				
AP.	10		OFFICE	CLE	RK			ELE	CTRIC	COMP	PANY
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, A			
H	FRISBY STAT	FFORD K	LINE		a comet c		ARY	IRE			RITZ
2	SANDRA C. RUTI										D. 21740
	20a, METHOD OF DISPOSITION	20	0b. PLACE OF DISPO								or Town, Stata
	X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	ather street						HAGE	RSTOV	WN, WASH., MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE		123	22.	NAME AN	ND ADDRE	SS OF FA	CILITY			
	. K. hoel	Brad	y	40	DREW	K. ANTI	COFF	MAN FUN	ERAL AGERS	HOME,	, INC. , MD. 21740
TION	shock, or heert fellure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditions, If any, leeding to immediate	Melasl DUE TO (OR AS	A CONSEQUENCE C	OF):	ul		en	un			Interval Betwee Onset and Deal
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST d.	DUE TO (OR AS	A CONSEQUENCE C	DF):							
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deeth	but not resulting	In the u	nderlyin	g cause	given in	P	AS AN AUTO ERFORMED YES 2 1	?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF D	EATH (Ch	neck only one)			
SIC		HOSPITAL: 1   Inpatient 2   ER/Out	ripetient 3 🗆 DOA	OTHE Nu	B: rsing Hon	10 5 🗆 R	asidence	6 Other (Speci	(y)		
PH	27. MANNER OF DEATH  1 Natural 8 Pending	26a. DATE OF INJURY (Month, Day, Year)	y 28b. Til	ME OF	WC	JURY AT		28d. DESCRIBE	HOW INJUR	Y OCCURE	a
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR building, etc. (Spo	RY — At home, ferm.	, street, fac		YES 2 [	] NO	281. LOCATION ( City or Town	Street end No.	umber or Ru	ural Route Number,
ETE	4 Homicide detarmined										
COMPLETED	need and	IAN: To the best of my known to the bests of examination									use(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	11				29c. LIC	ENSE NU	MBER	29d		NED (Month, Day, Year)
2	Mu	hill				1	1325	518		9-2	2-91
	30. NAME AND ADDRESS OF PERSON WHO  R. GUEDENET	100 1 32. REGISTRAR'S SHO			ANE	KE	EDY	SVILLE	MD.	217	56
	SEP 24 '9	1 32. REGISTRAR'S SIG	a Davidson-	Pande	02						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 sh he find within 72 hours after bean with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Bessie P. BEGO	Bessie GARLY	Pearl	BEGGA	RLY			2. DATE MONT	OF DEATN DA	v v	EAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 212-74-3726	6. BEX 1	6. AGE (In yrs. :	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year) 1St 3,		BIRTHPL/ Country)	MCE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY	TOWN O	R LOCATION OF DE			9c. COUNTY	-	
FUNERAL DIRECTOR	Ravenwood Luthera	n Village	2		Н	ager	stown			Wash	ingt	on
E E	10e. STATE 10b. COUNTY		"	10c. CIT	Y, TOWN	R LOCAT	ION				10	d. INSIDE CITY LIMITS?
ā	Maryland Washi	ngton		Ha	gers	town				_	15	K YES 2 □ NO
IAL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZEI	OF WHA	T COUNTRY?
Ä	1183 Luther Drive						21740				USA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X			If yes, spe	ENDENT OF NISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto			Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	CATION completed)  College (1-4 or 5 +		DECEMENT'S (Give kind of life. Do NOT u	work done se retired.)	during mos	N st of working	168	, KIND OF BUS	SINESS/INOUS	TRY	
MP	6	0		house	wife							
8	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA		Middle, Maiden	Surname)		
BE	William Lloyd						Hattie					
2	190. INFORMANT'S NAME (Type/Print)  Dorothy Lou Morgan						nd Number or Rural I					1740
	200. METHOD OF DISPOSITION	.,	1 000 00 00				ill Ave.	, па		CATION — CI		
	X Burial 2 ☐ Cremation 3 ☐ Remo		Rest	Have	n Ce	mete	ry		Hage			aryland
	21, SIGNATURE OF FUNERAL SERVICE LIC	POO	Vin	ne			H FUNERA			rersto	an l	Md. 21740
	23. PART I. Enter the diseasee, or capacity and the service of the	List only one cau	ee on aech il	ACI	ite	res	p <mark>irator</mark> umoniti	y f				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	2	(OR AS A CONS	SEQUENCE C	PF):	PMG					_	l week
PHYSICIAN: MEDICAL C	ASHD with Ch: senile demen	ronic A						Part i.	24e. WAS AN PERFOI 1 TYES	RMED?	A C	PERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATN?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (Ch	neck only o	noe)			
S	EXAMINER?  1   YES 2   NO	HOSPITAL:	FB/Outpatient	3   DOA	OTHE		e 5 🗆 Residence					
¥	27. MANNER OF DEATN	28s. DATE OF	INJURY	28b. TII	AE OF	28c. INJ	URY AT		SCRIBE HOW	INJURY OCCU	RED	
	Natural 6 Pending	(Month, D	ay, Year)	IN	JURY		PRK?					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offic	•		CATION (Street y or Town, State		Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											nd manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIC	- ++					29c. LICENSE NU	MBER		29d, DATE	IGNED (N	fonth, Day, Year)
BE		(11)	71/				D1702			D 9	72 1	9 (
5		D. 19	13			ve.	kHage	-	own.	Md. 2	174	
	31. DATE FILED (Month, Day, Year) 23 19	32. REGISTRA	Juna De								7-1-7	

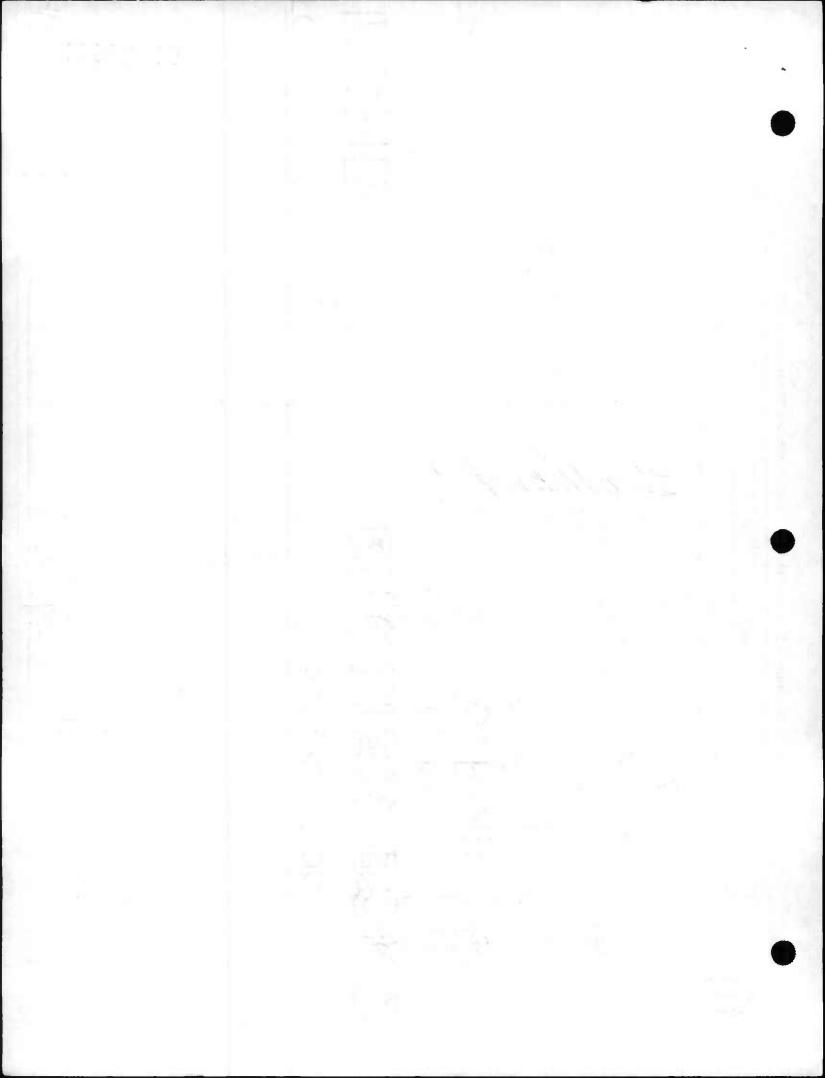


DOROTHY	LOUISE	BUCHHO			2. DATE OF DEATH MONTH SEPTEMBER		3. TIME OF OEATH 1991 12:01 P.M
	1 🗆 M 2 💢 F	91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year)  JUNE 29, 1		8. BIRTHPLACE (State or Foreign Country) WASHINGTON JINTY OF CEATH
CEDAR LANE APARTME				RDTOWN	CAIT .		MARY'S
	MARY'S		TOWN OR LOCA VARDTOW				10d. INSIDE CITY LIMITS? 1 TYES 2 NO
CEDAR LANE APTS.	# 319		10	20650			J.S.A.
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 X NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	e or No—	14. RACE — American Indien, Black, White, etc. Specify: WHITE
15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo iiie. Do NOT use HOMEMAE	ork done during m retired.)		16b. KIND OF BU	JSINESS/IN	DUSTRY
7. FATHER'S NAME (First, Middle, Last)		HOHERA	CDIC	16. MOTHER'S NA	AME (First, Middle, Maider	n Sumame)	
THOMAS G. WILSON 90, INFORMANT'S NAME (Type/Print)		106 MARINE	ADDRESS (Sw. )		RINE H. SM		To Code)
JULIE E. GRAVES					DTOWN, MAR		
0a, METHOD OF DISPOSITION	2	Ob. PLACE ANO OATE	OF OISPOSITIO	N (Name	-		- City or Town, State
EDWARD N. BRINS 23. PART I. Enter the diseases, or co shock, or heart failure. L iMMEDIATE CAUSE (Final	FIELD, JR.		LEO	NARDTOWN	FUNERAL HO , MARYLAND ch se cardiac or resp	206	50-0279 rreat, Approximate Interval Betw
EDWARD N. BRINS  23. PART I. Enter the diseases, or co shock, or heert fellure. L	SFIELD, JR. Implications that cause in the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the c	ed the deeth. Do no	LEO ot enter the m	NARDTOWN	, MARYLAND	206	50-0279 rreat, Approximate Interval Betw
EDWARD N. BRINS 23. PART I. Enter the diseases, or conshock, or heert fellure. L.  IMMEDIATE CAUSE (Finel disease or conditions, resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions	DUE TO (OR AS	A CONSEQUENCE OF	LEO  ot enter the m	NARDTOWN node of dying, sur	, MARYLAND ch se cardiac or resp  An Part I. 24e. WAS A	206.  Diratory a  NAUTOPS: PRMED?	rreat, Approximate Interval Betw Opset and D
EDWARD N. BRINS  23. PART I. Enter the diseases, or co shock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  CONTributing to deeth	A CONSEQUENCE OF	LEO ot enter the m  the underlyle  26.1  OTHER:	NARDTOWN node of dying, such and face of death (c	n Part I. 24a. WAS A PERFC 1 YES	206.  Diratory a  NAUTOPS: PRMED?	7 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
EDWARD N. BRINS  23. PART I. Enter the diseases, or co shock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	a consequence of but not resulting in the properties of the proper	LEO  ot enter the m  the underlyle  other:  OTHER:  ONUSING HO  OF 26c. W  REY	NARDTOWN node of dying, such and face of death (c	n Part I. 24a. WAS A PERFO	NAUTOPS	Approximate Interval Betw Ogset and D  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 yes/2 No
EDWARD N. BRINS  23. PART I. Enter the diseases, or co shock, or heert fellure. L. immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitiated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OBATH  1 Netural 6 Pending Investigation  2 Accident 6 Could not be determined	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CONTributing to deeth  CONTRIBUTE TO FINJUN  26e. DATE OF INJUN  Duilding, etc. (S)	a consequence of but not resulting is but not resul	LEO  ot enter the m  the underlyle  26. I  OTHER: 4   Nursing Ho  E OF 26c. IP  MRY M 1    treet, factory, off	NARDTOWN Node of dying, such a control of the contr	n Part I. 24a. WAS A PERFC 1 YES	N AUTOPSTORMED?  2 NO  INJURY O	Approximate Interval Betw Opset and D  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 yes/2 NO
EDWARD N. BRINS  23. PART I. Enter the diseases, or co shock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in deeth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OBATH  1 Metural 6 Pending Investigation  2 Accident 6 Could not be determined	DUE TO (OR AS  DUE TO (OR AS	a consequence of a cons	LEO  t enter the m  the underlyle  26. If  OTHER: 4   Nursing Ho  E OF  MRY M 1    treet, factory, off  d at the time, da	NARDTOWN  NODE of dying, such a control of the cont	n Part I. 24e. WAS A PERFC 1 YES  theck only one)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) end must be time, data and place, and the citime, data and place.	N AUTOPS PRIMED?  INJURY O	Approximate Interval Betwoese and D  24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 yes/2 NO

SEP 23 '91

Julie Davidson-Randall

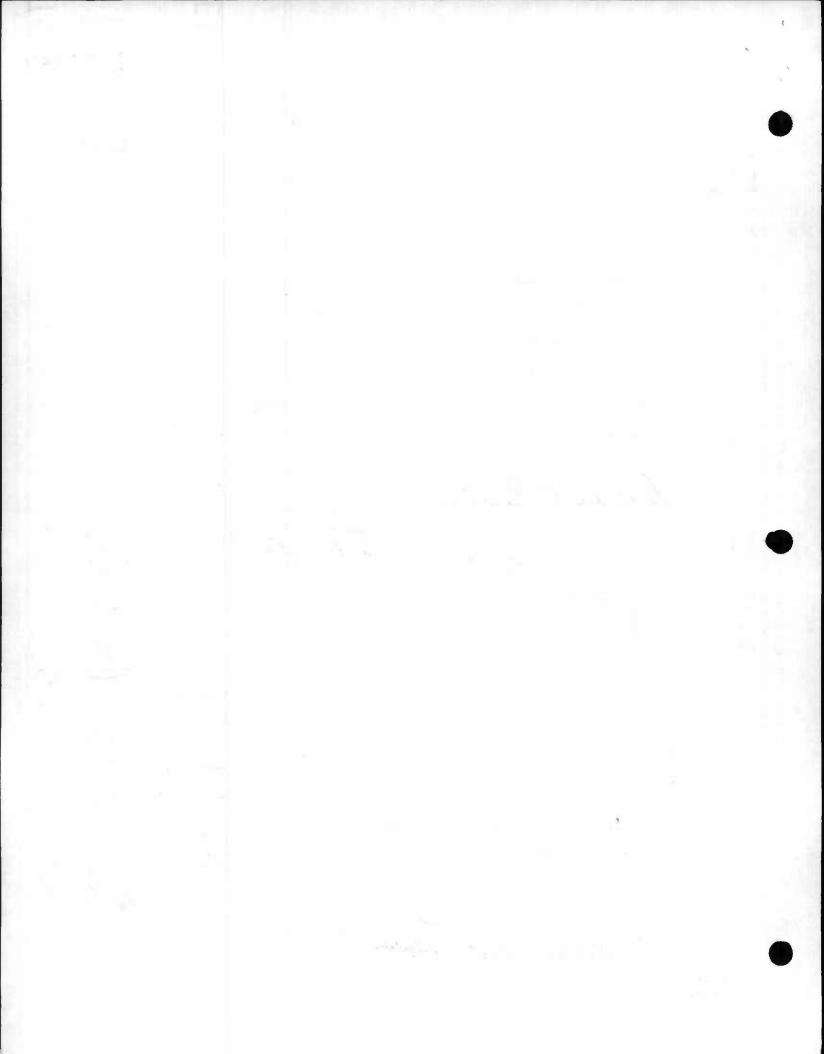
DHMH-16 Rev 1/89



OHMH-16 Rev 1/89

	1. OECEOENT'S NAME (First, Middle, Last).									
		CHCHTTA	DD	T/075			2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
	HELEN  4. SOCIAL SECURITY NUMBER	CECELIA 5. SEX 6		ICK			SEPT			12:45 E
7		1 M 2 F	AGE (In yrs. lest birtho	MONTHS	DAYS HOUT	DER 24 HRS.	7. DATE OF I	ly, Year)	6. BIRTHP Country)	LACE (State or Foreig
1	579-32-0290A	21	76 YR				JULY 4			VESOTA
	9e. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOC	ATION OF D	EATH	9c. CO	OUNTY OF OE	ATH
	AT HOME, CEDAR I	LANE APT.	#227	LE(	ONARDIY	NWC		ST	MARY	'S COUNTY
3	10e. STATE 10b. COUNT	TY	10c.	CITY, TOWN O	R LOCATION					10d. INSIDE CITY
DIRECTO	MARYLAND ST.	MARY'S C	OUTSTEV	LEONA	RDTOWN					LIMITS?
	10a. STREET AND NUMBER	. IIIIII D C	OONII	LILICIVAL	101. ZIP C	ODE		10g. CI		HAT COUNTRY?
FUNEHAL	CEDAR LANE APTS.	# 227			21	0650			U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		AS DECENDER	T OF HISPA		pecify Yes or No-		- American Indian, White, atc.
	1 Never Merried 2 Merried	FORCES? 1 _ IF YES, GIVE WAR			yes, specify C		en, Puerlo Rice ly:	n, atc.)	Specify	
	3 Wildowed 4 Olivorced								WHI	TE
	15. OECEOENT'S EDU (Specify only highest grade	JCATION e completed)	(Give kind	T'S USUAL OC		orking	16b. KIP	ND OF BUSINESS/II	NDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	IIIe. Do No	OT use retired.)						
E I	12TH GRADE		SEC	RETARY			STA	ATE GOVE	RNMEN	C
COMPL	17. FATHER'S NAME (First, Middle, Last)							lle, Maiden Surname)	)	
4	THOMAS BENEDIC	T BRICK					BETH HA			
2	19a. INFORMANT'S NAME (Type/Print)							City or Town, State, 2		
	JOHN R. GARNER			HERRYE			RAYDEN			
Name and	20a. METHOD OF DISPOSITION  Burial 2 Cremation 3 Ren  Donation 6 Other (Specify)	noval from Stata	of cemetary, cremi			•	DATE	20c. LOCATION -		
			SACRED H					<b>OWATON</b>	NA. M	INNESOTA
	21. SIGNATURE OF FUNERAL BERVICE LI	011	1.		MAME AND ADI			ER FUNER	AT. HON	ME D A
	Muchael 9	Vard	iner					VARDIOWN		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cese			Ac	ul	en			Onset and
ICATION	disease or condition	bOUE TO (C	OR AS A CONSEQUENC	CE OF):	Aca	uk	en			Onset and
ERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (C	OR AS A CONSEQUENC	CE OF):	Aca	uk				Onset and
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C	OR AS A CONSEQUENCE	DE OF): DE OF):				In WAS AN AIRMAN	y las	
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. OUE TO (C	OR AS A CONSEQUENCE	DE OF): DE OF):			n Part I. 24	Ia. WAS AN AUTOPS PERFORMED?	SY 24b.	WERE AUTOPSY FIN
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C	OR AS A CONSEQUENCE	DE OF): DE OF):			n Part I. 24			WERE AUTOPSY FIN ANAILABLE PRIOR T COMPLETION OF CA
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C	OR AS A CONSEQUENCE	DE OF): DE OF):			n Part I. 24	PERFORMED?		WERE AUTOPSY FIN ANAILABLE PRIOR T COMPLETION OF CA
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C	OR AS A CONSEQUENCE	DE OF): DE OF):	derlying cau	se given is	n Part I. 24	PERFORMED?		WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATHY
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	b. OUE TO (C d. DUE TO (C d. HOSPITAL:	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE Leath but not result	DE OF):  DE OF):  Ing in the un	derlying cau	se given in	Part I. 24	PERFORMED?  YES 2 740		WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATHY
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. OUE TO (C d. DUE TO (C d. HOSPITAL:	OR AS A CONSEQUENCE OR AS	E OF):  E OF):  OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER	28. PLACE (2.3):	se given in	heck only one)	PERFORMED?  YES 2 740		WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATHY
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 8 Pending	b. OUE TO (C d. DUE TO (C d. HOSPITAL:    I   Inpatient 2	OR AS A CONSEQUENCE OR AS	DA OTHER	26. PLACE 0	Se given is	heck only one)	PERFORMED?  YES 2 TO TO		WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 VES 2 NO  27. MANNEB OF DEATH  1 Natural 8 Pending Investigation	b. OUE TO (C c. DUE TO (C d	OR AS A CONSEQUENCE OR AS	DA OTHER	28. PLACE (28. INJURY WORK? 1 YES	Se given is	heck only one)  6  Other (S  28d, DESCR	PERFORMED?  YES 2 1 100  Specify)  IBE HOW INJURY CON (Street and Numinity)	DCCURED	WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2
'ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  26. WAS CASE REFERRED TO MEDICAL EXAMPLER?  27. MANNEB OF DEATH  1 Metural 5 Pending Investigation	b. OUE TO (C c. DUE TO (C d	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DRAS A CON	DA OTHER	28. PLACE (28. INJURY WORK? 1 YES	Se given is	heck only one)  6  Other (S  28d, DESCR	PERFORMED?  YES 2 1 100  POOCITY)  IBE HOW INJURY C	DCCURED	WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2
'ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (C d.  DU	OR AS A CONSEQUENCE OR AS	DE OF):  DE OF):  DE OF):  Ing in the un  OTHER  Num  Time OF  INJURY  M	26. PLACE 6 3: sing Home 5 WORK? 1 YES	Se given is	heck only one)  6  Other (S  28d. DESCR	PERFORMED?  YES 2 1 100  Pecily)  IBE HOW INJURY CON (Street and Number)	DCCURED ber or Rural R	WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNES OF DEATH  1 Netural 8 Pending Investigation 3 Suicide 6 Could not be determined.  29e. CERTIFIER (Check only)	DUE TO (C d.  DU	OR AS A CONSEQUENCE OR AS	OF):  DE OF):  DE OF):  Ing in the un  OTHER  ON  INJURY  M  Intrin, street, facts	28. PLACE 6 3: sing Home 5 WORK? 1 YES ory, office	Se given in	heck only one)  6  Other (S  28d, DESCR  28f, LOCATI City or 1	PERFORMED?  YES 2 1 100  Pecify)  IBE HOW INJURY CON (Street and Number of N	DCCURED ber or Rural Rusted.	WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 A
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined.  29e. CERTIFIER (Check only and)	DUE TO (C d	OR AS A CONSEQUENCE OR AS	OF):  DE OF):  DE OF):  Ing in the un  OTHER  ON  INJURY  M  Intrin, street, facts	26. PLACE ( 3: aling Home 5 28c. INJURY WORKY 1  YES ory, office	DF DEATH (Confidence of the confidence of the co	1 Part I. 24 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFORMED?  YES 2 TO TO  Specify)  IBE HOW INJURY (  ON (Street and Numb  lown, State)  (a) and manner as a d place, and due to	DCCURED  ber or Rural Russiand,  batted,  b the cause(e)	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 Management of the Completion of Ca of Death (Completion of
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNES OF DEATH  1 Netural 8 Pending Investigation 3 Suicide 6 Could not be determined.  29e. CERTIFIER (Check only)	DUE TO (C d	OR AS A CONSEQUENCE OR AS	OF):  DE OF):  DE OF):  Ing in the un  OTHER  ON  INJURY  M  Intrin, street, facts	26. PLACE ( 3: aling Home 5 28c. INJURY WORKY 1  YES ory, office	Se given in	1 Part I. 24 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFORMED?  YES 2 TO TO  Specify)  IBE HOW INJURY (  ON (Street and Numb  lown, State)  (a) and manner as a d place, and due to	DCCURED  ber or Rural Russiand,  batted,  b the cause(e)	1 PYES 2 PAC
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immadiate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNES OF DEATH  1 Hatural 8 Pending Investigation 3 Suicide 6 Could not be determined.  29e. CERTIFIER (Check only and)  29e. CERTIFIER (Check only and)  29e. SIGNATURE AND TITLE OF CERTIFING PHYSTAMEN.	DUE TO (C)  d.  DUE TO (C)  d.  HOSPITAL: 1   Inpatient 2   2  28e. DATE OF H (Month, Dey)  28e. PLACE OF building, at	OR AS A CONSEQUENCE OR AS	OF):  DE OF):  DA OTHER  ON A INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INDIVIDUAL TIME OF INJURY M  DESCRIPTION AS INJURY M  DESC	26. PLACE ( 3: aling Home 5 28c. INJURY WORKY 1  YES ory, office	DF DEATH (Confidence of the confidence of the co	1 Part I. 24 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFORMED?  YES 2 TO TO  Specify)  IBE HOW INJURY (  ON (Street and Numb  lown, State)  (a) and manner as a d place, and due to	DCCURED  ber or Rural Russiand,  batted,  b the cause(e)	WERE AUTOPSY FINI ANALIABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.
D BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined.  29e. CERTIFIER (Check only and)	DUE TO (C)  d.  DUE TO (C)  d.  HOSPITAL: 1   Inpatient 2   2  28e. DATE OF H (Month, Dey)  28e. PLACE OF building, at	OR AS A CONSEQUENCE OR AS	DA OTHER A DA OTHER NJURY M DECURRED AT THE DE	26. PLACE ( 3: aling Home 5 28c. INJURY WORKY 1  YES ory, office	DF DEATH (Confidence of the confidence of the co	1 Part I. 24 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFORMED?  YES 2 TO TO  Specify)  IBE HOW INJURY (  ON (Street and Numb  lown, State)  (a) and manner as a d place, and due to	DCCURED  ber or Rural Russiand,  batted,  b the cause(e)	WERE AUTOPSY FIN ANAILABLE PRIOR TO COMPLETION OF CO OF DEATH?  1 YES 2 4
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1	DUE TO (C)  d.  DUE TO (C)  d.  HOSPITAL: 1   Inpatient 2   2  28e. DATE OF H (Month, Dey)  28e. PLACE OF building, at	OR AS A CONSEQUENCE OR AS	OTHER OF:  OTHER OF INJURY M  Arm, street, facts  Courred at the til Igation, in my o	26. PLACE ( 3: aling Home 5 28c. INJURY WORKY 1  YES ory, office	DF DEATH (C	heck only one)  6  Other (S  28d. DESCR  28f. LOCATI City or 1	PERFORMED?  YES 2 TO TO  Specify)  IBE HOW INJURY (  ON (Street and Numb  lown, State)  (a) and manner as a d place, and due to	DCCURED  ber or Rural Russiand,  batted,  b the cause(e)	WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 PRIOR TO COMPLETION OF CA OF DEATH?

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



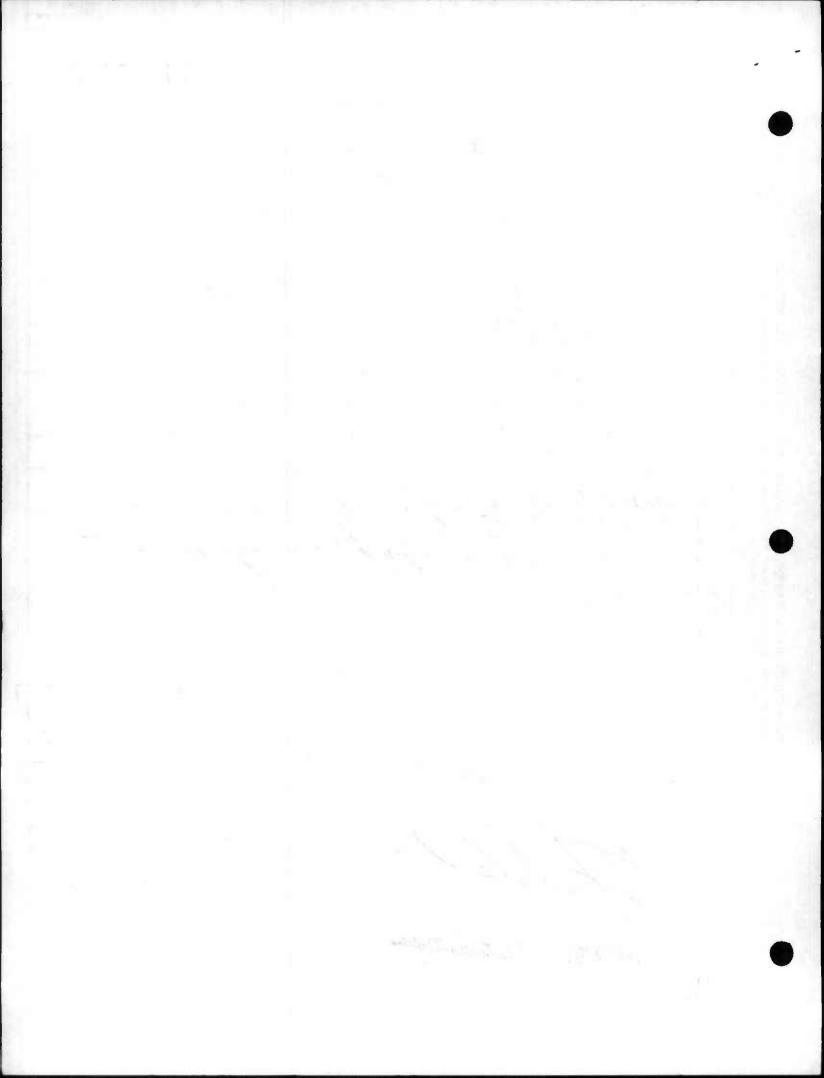
	1. DECEDENT'S NAME (First, Middle, Last		0	FICATE OF	LAIT		REG. NO	AY	3. TIME OF DEA
		zabeth	BUL	COUL 9	hs	Se	of 1	2, 19	291 10:00
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	(Mon	OF BIRTH th, Day, Year)		8. BIRTHPLACE (Stelle or I Country)
	216-44-7751 90. FACILITY NAME (If not institution, give		76 YRS.	DE CITY TOWN	OR LOCATION OF		. 15,1	-	MARYLAND
CTOR	St Mary's	Hospita		Leo	mrdt	OLUX	)	St. COUN	MOLU
DIREC	10e. STATE 10b. COUN	тү	10c, Cl	TY, TOWN OR LOCA	ATION		-		10d. INSIDE CIT
		MARY'S COUNT	Y	MECHANIC	SVILLE				1 YES 2
FUNERAL	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
N.	1165 OLD ROUTE F	12. WAS DECEDENT EVER	MILLO ADVICE		20659			U.S	
B⊀	1 Never Married 2 XMerried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spec	cen, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RACE — American Ind Black, White, etc. Specify: WHITE
	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed)	16e. DECEDENT'S	S USUAL OCCUPAT work done during m	ION	168	b. KIND OF BU	SINESS/INDU	
LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT L	ise retired.)	iost or wonung				
COMPL	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)		POSTA	L CLERK				OFFI	CE
-		IDDOUGLIG			16. MOTHER'S N			-/	
BE	ROBERT STANLEY B  19e. INFORMANT'S NAME (Type/Print)	URROUGHS	19b. MAILING	G ADDRESS (Street	MAUDE and Number or Rura				0-4-1
2	WARREN HANCOCK B	TIRROTICHS							. MD. 20659
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Rer	20	b. PLACE AND DATE	OF DISPOSITION (A		DAT			Ity or Town, State
	4 Donation 5 Other (Specify)	A	metery, cremetory or o	EPISCOP	AL CEME	ERY 9	/15/91	CHARL	OTTE HALL,
	21. SIGNATUM OF FUNERAL SERVICE L	ICENSEE /	-	22. NAME A	ND AODRESS OF	ACILITY			
	Michaela	Harden	en						HOME, P.A. MD. 20650
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST	bDUE TO (OR AS	A CONSEQUENCE O	F):					
O	PART II Other significant and dist	u							
EDICAL	PART II. Other eignificent condition	ns contributing to death I	but not resulting	in the underlyin	g ceuse given in	n Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?
: ME									1  YES 2
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	back only or	ne)		
Sic	1 VES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ne 5 🗆 Residence				
Ē	27. MANNER OF DEATH	200. DATE OF INJURY (Month, Day, Year)	20b, TIM	E OF 28c. IN.	JURY AT		CRIBE HOW I	NJURY OCCU	PRED
BY	t Natural 5 Pending Investigation	(mann, bay, loar)			YES 2 NO				
	3 Suicide e Could not be determined	20e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm,	street, factory, offic	:•	2ef. LOC City	ATION (Street or Town, State)	and Number of	r Rural Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the best of my know	viedge, death occum on end/or investigation	ed at the time, date	end place, and du	e to the ce.	use(s) end men	ner es stated	i. couse(s) end manner es s
ш	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				SIGNED (Month, Day, Year)
0	hom !	In the	no)		D14	25	5-	<b>&gt;</b> C	7/16/91
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type		onth.		, MD	. 206	550
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE 20	eona	10101		, en	. 200	-
	31. DATE FILED (Month, Day, Year) SEP 17 '9	32. REGISTRAR'S SIGN	4dson-Mana	مالات					

215-54-9645  1CM 2 P 42 VIR. MONTH OWN MAY 24, 1949 VIR. MAY 24, 1	Y DO
215-54-9645  1RW 2 P 42 YRS.  1ROWS TOWN ON LOCATION OF DEATH  1ROWS TOWN ON LOCATION OF DEATH  1ROWS TOWN ON LOCATION OF DEATH  1ROWS THREE THO COUNTY  1ROWS THREE THO COUNT	VCE (State or Foreig
THE DISTRICT OF DECEDINT  10. STITES  10. STREET AND NUMBER  2.0659  11. WAS DECEDENT SCHOOL ROAD  2.0659  12. WAS DECEDENT SCHOOL ROAD  2. WAS DECEDENT SCHOOL ROAD  3. WAS DECEDENT SCHOOL R	INIA
90. STREET AND NUMBER  26.95 PRIENDSHIP SCHOOL ROAD  10. WAS DECEMENT EVER IN U.S. ANABED  11. MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ANABED  12. WAS DECEMENT EVER IN U.S. ANABED  13. WAS DECEMENT OF HISPANIC CHICARY (Specify Yes or No	ncil
90. STREET AND NUMBER  26.95 FRIENDSHIP SCHOOL ROAD  10. ZIP CODE  206.59  11. MANTAL STATUS  11. MANTAL STATUS  12. WAS DECEMENT EVER IN U.S. ANABED IF YES, GIVE WAS NO ROATS  VIETNAM  13. WAS DECEMENT OF HISPANIC CRICIARY (Specify Yes or No	<u> </u>
South of Diversed    Secondary   B. INSIDE CITY LIMITS?  YES 2 NO	
South Wideward 1   Deversed   F Yes, our wish on Dates   1   Yes 2 (No Specify: Specify: VIETNAM   1   Yes 2 (No No	
South of Diversed    Secondary	
Elementary/Secondary (0-12)  College (1-4 or 5+)  12  T. FATHER'S NAME (First, Middle, Median Sumema)  BETTIE GORDON  190. MAILING ADDRESS (Sirved and Music Rumber, City or Born, State, Zip Code)  BRENDA KAY BYRD  26.95 FRIENDSHIP SCHOOL RD., MECHANICSVILL  200. METHOD OF DISPOSITION  100. MAILING ADDRESS (Sirved and Music Plantification Sumema)  BETTIE GORDON  200. METHOD OF DISPOSITION (Name of DisPOSITION)  200. METHOD OF DISPOSITION IN MECHANICSVILL  201. PLACE AND DATE OF DISPOSITION (Name of Date of DisPOSITION)  202. MARK BYRD  203. PART I. Enter the diseases, or complications that disused the deeth Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cuses on each line  22. NAME NAME (First, Middle, Median Sumema)  BETTIE GORDON  26.95 FRIENDSHIP SCHOOL RD., MECHANICSVILL  204. MECHANICSVILL  205. PLACE AND DATE OF DISPOSITION (Name of OATE 200. LOCATION — City or Town CHARLES MEMORITAL GARDENS (P1.7)  21. SIGNATURE (FIRST HIGHER)  22. NAME NAME OF DISPOSITION (Name of OATE 200. LOCATION — City or Town CHARLES MEMORITAL GARDENS (P1.7)  23. PART I. Enter the diseases, or complications that disused the deeth Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cuses on each line  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injuny  DUE TO (OR AS A CONSEQUENCE OF):  24. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  2 PLACE OF GEATH (Check only one)  1 VES 2 NO  1 VES 2 NO  2 PLACE OF GEATH (Check only one)  1 VES 2 NO  2 PLACE OF GEATH (Check only one)  2 Sen Date of MUSIKY (MORIT), DIVINGAL (MORIT), DIVINGAL (MORIT), DIVINGAL (MORIT), DIVINGAL (MORIT), DIVINGAL (M	American Indian, hita, etc.
Elementary/Secondary (6-12)   College (1-4 or 5 +)   CONTRACTORS SURVEILLANCE   CIVIL SERVICE	
JAMES SILAS BYRD  198. MFORMANTS NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. DATE Jack AND ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. DATE Jack AND ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. DATE Jack AND ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. DATE Jack AND ADDRESS (Street and Number or Rural Route Number, City or Rwn., State, Zip Code)  190. DATE Jack AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190. BANK AND ADDRESS OF RACLITY  190	
JAMES SILAS BYRD  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19a. INFORMANTS NAME (PypaPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rural, Stein, Zip Code)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rural, Zip Code)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rural, Zip Code)  26 95 FRIENDSHIPS SCHOOL RD., MECHANICS VILL  26 95 FRIENDSHIPS SCHOOL RD., MECHANICS VILL  27b. LACEANDDATE OF SUPPORTING NUMBER OF RURAL SERVICE USES.  27b. LACEANDDATE OF SUPPORTING NUMBER OF RURAL SERVICE USES.  27b. LACEANDDATE OF RURAL SERVICE COPY:  27b. LEONARDTOWN, MARYLA  27b. LEONARDTOWN, MARYLA  27c. NAME OF RURAL SERVICE COPY RURAL SERVICE COPY:  27c. LOCATION - City or Form.  27c. LACEANDDATE OF RURAL SERVICE COPY RUR	
19b. MALING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)  PRENDA KAY BYRD  26 95 FRIENDSHIP SCHOOL RD., MECHANICSVILL  26 95 FRIENDSHIP SCHOOL RD., MECHANICSVILL  26 95 FRIENDSHIP SCHOOL RD., MECHANICSVILL  27	
20b. PLACE AND DATE OF DISPOSITION (Name of table and the properties) and the properties of their (Specify)  21b. SEGNATURE OF FUNERAL SERVICE LICENSEE  22c. LOCATION — City or Town Charactery, Communitary, Commun	
A Densition 5 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Densition 5 Other (Specify)  2. NAME AND ADDRESS OF FACILITY  BRINSFIELD FUNERAL HOME, P.A.  P.O. BOX 279, LEONARDTOWN, MARYLA  23. PART I. Enter the diseases, or complications thet(daused the deep) Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  28. PLACE OF DEATH (Check only one)  1	
The control of the respective of the control of the	
BRINSFIELD FUNERAL HOME, P.A.  P.O. BOX 279, LEONARDTOWN, MARYLA  23. PART I. Enter the diseases, or complications their gaused the death Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List pnly one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A	MARYLAN
23. PART I. Enter the diseases, or complications that glaused the deety Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List Dnly one ceuse on each line.    IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	ID 20650
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINERY?  1 NES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  29. TIME OF INJURY AT WORK?  20. INJURY AT WORK?	Monik
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   YES 2   NO   1   YES 2   YES 2   YES 3   YES 4   YES 4   YES 4   YES 4   YES 5   YES 5   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 7   YE	
1 2 Natural 5 Pending	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION DF CAUS DEATH?  YES 2 NO
1 7 Natural 5 Pending	
1   X Natural   5   Pending	
2 Accident Investigation TES 2 NO	
3 Suicida 8 Could not be determined 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	
29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  4 General Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.	Number,
296. SIGNATURE AND TITLE OF CENTIFIER  296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  296. DATE SIGNED JAM  9/1/10	
David Allen M.D. Leonardtown, MD. 2065	d menner es stated
31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  SFP 1 7 '91  Schie Davidson-Randalle	d menner es stated

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIF	ICALE	OF DE	EATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF MONTH	DAY	,	YEAR	3. TIME OF DEATH
	FUS BYRUM					SEPTEN	1BER	13,	1991	9:00 A.
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthday)	IF UNDER 1	YEAR IF	JNDER 24 HRS. JRS MIN.	7. DATE OF (Month, D			8. BIRTH Count	IPLACE (State or Foreign
239-07-8369	1 🔀 M 2 🗆 F	72 YRS.	MONTHS	DAYS	JHS MIN.	NOV. 1		18		TH CAROLINA
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR LO	CATION OF D	EATN		9c. COUR	NTY OF D	DEATN
RT. #249			PIN	EY PO	INT			ST	. MA	RY 'S
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUN		10c. Cl	TY, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
	. MARY'S	E	INEY	POINT						1 TYES 2 X NO
10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CITE	ZEN OF	WHAT COUNTRY?
RT. #249					20674			1	U.S.	Α.
11. MARITAL STATUS		EVER IN U.S. ARMED YES 2 NO				NIC ORIGIN? (S		or No-	14. RAC	E — American Indian, k. White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	W.W.I	R OR DATES			NO Speci		ni, <b>u</b> cc.,		Spec	
15. DECEDENT'S Et (Specify only highest gra	UCATION	16a. DECEDENT'S	S USUAL OCC work done du	CUPATION iring most of	working	18b. KI	ND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)									
12		HEAVY E	QUIPM	ENT 0	PERATO	)R (	CONST	RUCT:	ION	
17. FATHER'S NAME (First, Middle, Last)				18.	MOTNER'S NA	AME (First, Mide	die, Meiden S	Surname)		
CHARLES BYRUM					NORSI	S HASE	(ET			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	Street end N	umber or Rural	Route Number,	City or Town	, State, Zip	Code)	
RICHARD G. SWAN	N P	STAR	ROUTE	, BOX	181,	PINEY	POIN'	T, M	D. 2	0674
20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Re		20b. PLACE AND DAT	E OF DISPO	SITION (Nar	ne	DATE	20c. LO	CATION —	City or To	own, State
4 Donation 5 Other (Specify)	movat from State	of cemetary, cremator	IEMOR I	AL GA	RDENS	9/17	WAL	DORF	. MA	RYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSER		22. N	AME AND A	DORESS OF F	ACILITY				
19/1/11	6	11/1				NERAL				
23. PART I. Enter the diseases, or shock, or heart fellum	our	ell on.	Ρ.	0. BO	X 279,	LEONA	ARDTO	WN, I	MD.	20650
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	h	OR AS A CONSEQUENCE			c					
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	OP):							
PART II. Other eignificant conditi	one contribution to	death but not regulate	In the une	loskslan on	usa shusa la	Don't lo	- 1400 001	ALITODON	100	t week Almondy English
PARI II. Othar alghindant conditi	ona contributing to	death but not resulting	j in the unc	ieriying ca	use given in	Part I. 24	Le. WAS AN PERFOR		24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
						1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
									- 1	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T		OF DEATH (C	heck only one)				
12 YES 2 □ NO		ER/Outpatient 3 🗆 DOA	OTHER	: ing Nome 5	Reeldence	8 🗆 Other (S	Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF (Month, De	INJURY ny, Year) 28b. Ti	ME OF	28c. INJURY WORK? 1 YES		28d. DESCR	NOW I	NJURY OC	CURED	
2 Accident Investigatio	28e PLACE OF	F INJURY — At home, farm	street facto		Z _ NO	281 LOCATI	ON (Street	and Numbe	y oy Pum!	Route Number,
3 Suicide 8 Could not 8 4 Homicide determined	building,	etc. (Specify)	, 20041, 12010	ry, onice			Town, State)	ina reamba	or nurar	Noois Humber,
290. CERTIFIER	SCIAN: To the best of	my kajiwiedos, delity occu	rred at the fir	ne, date and	place, end rhi	e to the cause	(e) end mer	ner se ste	nted.	-
one) 2 W MEDICAL EXAM	-	genation andig investigat			•					(e) and manner as stated.
20h Biowarium august au	11. 11									
296. BIGNATURE AND TITLE OF CENTR	Telle				c. LICENSE NU			1 1 1 1 1 1 1 1 1		D (Month, Day, Year)
110					D34198	3			7-	16-91
30 NAME AND ODDRESS OF PERSON										
DAVID M FEDERLE		MOAKLEY SI		SUIT	E #205	, LEON	VARDT	OWN,	MD.	20650
31. DATE FILED Month, Day, Year)	32. REGISTRA	avidson-Randall	2							
CFD17'91										



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIA

2

1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last,	)		ERTIF	IOAIL		DLA		2. DATE	OF OEATH			3. TIME (	OF OEATH
	DEBORAH ANITA BI	CERMAN							SEPT	EMBER"	15,1	991	10	:40 Am
	4. SOCIAL SECURITY NUMBER 212 54 8201	5. SEX 1 M 2 K	8. AGE (In yrs. 1	lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7 DATE	DE BIRTH , Day, Year) -22-19			PLACE (SI	ate or Foreign
OR	9a. FACILITY NAME (if not institution, give street and number)  SACRED HEART HOSPITAL  CUMBERLAND  RESIDENCE OF DECEDENT					9c. COUNTY OF DEATH ALLEGANY								
DIRECTOR	10e. STATE 10b. COUN	10b. COUNTY 10c. CITY, TOWN OR LOCATION Allegany Cumberland,								10d. INSIDE CITY LIMITS?  YES 2 NO				
FUNERAL	100. STREET AND NUMBER 521 Haddon Ave	nue				-	1. ZIP COD 21502			10g. CITIZEN OF WHAT COUNTRY?  USA  IIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, n, Puarto Rican, etc.)				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Olvorced		IT EVER IN U.S. I YES 2 NAR OR DATES	ARMED XXX		If yes, sp	CENDENT ( Decity Cubic 2 2 100	an, Maxico	en, Puerto I					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		DECEOENT'S (Give kind of life. Do NOT u	work done se retired.)	during m	ost of worki	ing	18b.					
TO BE COM	12 17. FATHER'S NAME (First, Middle, Lest) Robert Henry S 190. INFORMANT'S NAME (Type/Print) Mr. James E. E			19b. MAJUN	3 ADDRES	In Mother's NAME (First, Middle, Maiden Surname)  Beatrice Elizabeth Clark  Ses (Street and Number or Pural Route Number, City or Town, State, Zip Code)  Ion Avenue Cumberland, MD 21502  SPOSITION (Name  120c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery  2126. LOCATION — City or Town, State  Chial Cemetery								
	20e. METHOD OF DISPOSITION  **Description   Market   Mark		20b. PLA	CE AND DAT	E OF DISP									
110	21. SIGNATURE OF FUNERAL SERVICE I	CO. 470	lli		22.	Sca Cum	rpel. berla	Li F	unera MD 2	1 Hom	е			
100	23. PART i. Enter the diseases, or shock, or heart fallure iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Met	or caused the use on each il	Add	an				oh se care		limitory ar	rest,	int	proximate erval Between set and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	O (OR AS A CONS											
: MEDICAL CE	PART II. Other significent condition	ons contributing to		ot reaulting	in the u	nderlyir	ng cause	given ir	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	24	COMPLET OF DEATH	TOPSY FINDINGS LE PRIOR TO FROM OF CAUSE H?  B 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 27. MANNER OF DEATH

5 Pending Investiga

1 Natural
2 Accident
3 Suicide
4 Homicide

HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year)

28b. TIME OF INJURY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

OTHER:

28c. INJURY AT WORK?
1 YES 2 NO

26. PLACE OF DEATH (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

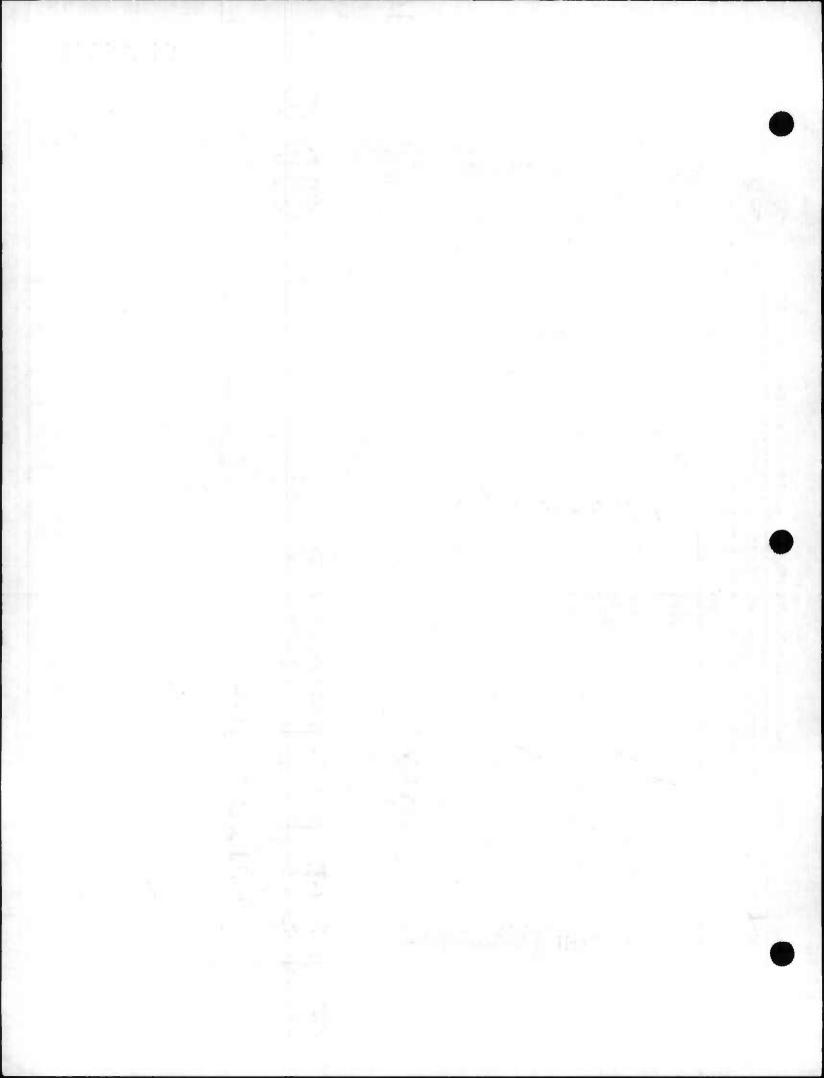
28d. DESCRIBE HOW INJURY OCCURED

8 Other (Specify)

2 MEDICAL EXAMINER: On 296. SIGNATURE AND TITLE OF CERTIFIER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GARY WAGONER 925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502 DR. M.D.,



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIRECTOR
FUNERAL
BY
ETED.
COMPLETED
BE
2

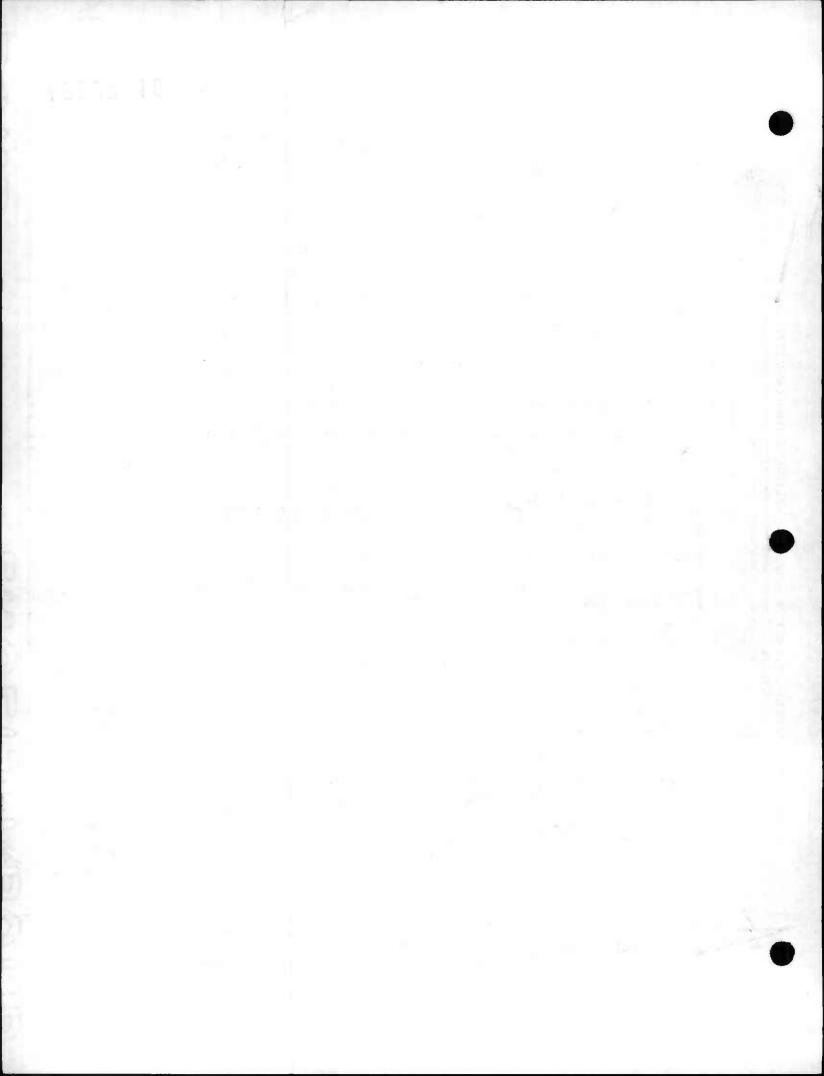
I. DECEDENT'S NAME (First, Middle, Last	1)					2. DATE O	F DEATH		3.	. TIME OF CEATH
JOHN RINGGOLD B	-					MONTH	MBER 1	2. 1	VEAR-	1:00 PM
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER † YEAR	IF UNDER 24 HRS.	7 DATE O	F BIRTN			ACE (State or Foreign
216 16 6513	1 🔀 M 2 🗆 F	67		MONTHS DAYS	HOURS MIN.	Nov. 27, 1923				
a. FACILITY NAME (If not Institution, give	atreet and number)			9b. CITY, TOWN O	R LOCATION OF O	EATN	9	c. COUN	TY OF OEA	TN
SACRED HEART HO	SPITAL			CUMBERL	AND			ALLE	GANY	
RESIDENCE OF DECEDENT	ITY		10c CITY	TOWN OR LOCAT	ION				1 40	Od. INSIDE CITY
Md Alle				perland					1.3	LIMITS?
A. STREET AND NUMBER	garry		Can		ZIP CODE		I.	A- CITIZ		AT COUNTRY?
					21502			USA	EN OF WH	AT COUNTRY?
302 Columbia St										
1. MARITAL STATUS  Never Married 2 Married  TWO Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARN YES 2 NO MAR OR DATES	MED O	If yes, spe	ENDENT OF NISPA scify Cuban, Maxic 2 M NO Speci	an, Puerto Ri		No-	Black, V	- American Indian, White, etc.
15. DECEOENT'S ED				JSUAL OCCUPATIO		16b. I	CINO OF BUSIN	ESS/IND	JSTRY	
(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5	Ma	ve kind of w Do NOT use	ork done during mo: retired.)	st of working					
9	Consider (1-4 of 5		chmar	1		Ra	ilroad			
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
Wm. Bull					Myrtle	Sc	ott			
a. INFORMANT'S NAME (Type/Print)		19h	MAILING	ADDRESS (Street a	nd Number or Rural			State Zin	Corfe)	
Secretary History State of	1								0000)	
Donna Jane Brad	rev				.,Lonaco		_			
T& Burial 2 ☐ Cremation 3 ☐ Re	moval from State	of cemetary.	crematory o	OF OISPOSITION or other place)		DATE			City or Town	
Donation 5 Other (Specify)	Loruna I	- IRestla	awn M	em. Parl	D ADDRESS OF F		1 La Va	ale,	Md. Z	21502
1. SIGNATURE OF FUNERAL SERVICE	io				nhorn-Mc		- Thun as	ra1	Homa	
1 Jans 2	lake o							Lal	TIONE	
23. PART i. Enter the diseases, o	r complications the	at caused the day	ath. Do no	Lona	coning.M	d. 21	539			Approximata
23. PART I. Enter the diseases, o	r complications the	nt caused the decuse on each line.	eth. Do no	Lona	coning.M	d. 21	539			interval Between
23. PART I. Enter the diseases, o shock, or heart failure MMEDIATE CAUSE (Final	e. List only one ca	use on each line.		Lonac ot anter the mo	coning M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, o shock, or heart fallure MMEDIATE CAUSE (Final disease or condition	e. List only one ca	use on each line.		Lonac ot anter the mo	coning M da of dylng, suc	d. 21	539			interval Between
23. PART I. Entar the diseases, o shock, or heart fallure immediate CAUSE (Final disease or condition	e. List only one ca	use on each line.		Lonac ot anter the mo	coning M da of dylng, suc	d. 21	539			Approximata interval Betwee Onset and Das
23. PART I. Enter the diseases, o	a. Response ca	OR AS A CONTE	OUENCE OF	Lonac ot anter the mo	coning M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, o shock, or heart fellure disease or condition esulting in death)  Sequentielly list conditions, f sm, leading to immediate	a. Response ca	at caused the deause on each line.	OUENCE OF	Lonac ot anter the mo	coning M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, of shock, or heart feilure MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, fam, lasding to immediate seuse. Enter UNDERLYING CAUSE (Disease or Injury)	a. Reynour to b. Due to oue to c.	OR AS A CONSEQ	DUENCE OF	Lonace of anter the mo	coning .M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, o shock, or heart fellure disease or condition esuiting in death)  Sequentially list conditions, f sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events	a. Reynour to b. Due to oue to c.	OR AS A CONTE	DUENCE OF	Lonace of anter the mo	coning .M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, o shock, or heart fellure disease or condition esuiting in death)  Sequentially list conditions, f sny, leading to immediate cause. Enter UNDERLYING ZAUSE (Disease or Injury hat Initiated events	a. Reynour to b. Due to oue to c.	OR AS A CONSEQ	DUENCE OF	Lonace of anter the mo	coning .M da of dylng, suc	d. 21	539			interval Between
23. PART I. Enter the diseases, of shock, or heart feilure MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, f sny, leading to immediate results. Enter UNDERLYING AUSE (Disease or Injury het initiated events resulting in death) LAST	a. Reput to b. OUE TO c. DUE TO d.	O (OR AS A CONSECUTION OF	DUENCE OF	Lonac ot anter the mo	coning M da of dying, sur	kd. 21 ch aa cardi	539	ory arre	est,	Interval Betwee
AND CONTRACT OF THE STATE OF TH	a. Reput to b. OUE TO c. DUE TO d.	O (OR AS A CONSECUTION OF	DUENCE OF	Lonac ot anter the mo	coning M da of dying, sur	kd. 21 ch aa cardi	ac or reaptrat	TOPSY	24b. V	Interval Betwee Onset and Das
AND CONTRACT OF THE STATE OF TH	a. Reput to b. OUE TO c. DUE TO d.	O (OR AS A CONSECUTION OF	DUENCE OF	Lonac ot anter the mo	coning M da of dying, sur	kd. 21 ch aa cardi	24a. WAS AN AU	TOPSY	24b. V	Interval Betwee Onset and Das
AND CONTRACT OF THE STATE OF TH	a. Reput to b. OUE TO c. DUE TO d.	O (OR AS A CONSECUTION OF	DUENCE OF	Lonac ot anter the mo	coning M da of dying, sur	kd. 21 ch aa cardi	ac or reaptrat	TOPSY	24b. V	Interval Betwee Onset and Das   WERE AUTOPSY FINDING  MAILABLE PRIOR TO  DOMPLETION OF CAUSE
AMEDIATE CAUSE (Final diseases, or shock, or heart fellum MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, fam, leading to immediate death and the conditions of the	a. Reput to b. OUE TO c. DUE TO d.	O (OR AS A CONSECUTION OF	DUENCE OF	Lonac ot anter the mo	coning M da of dying, sur	kd. 21 ch aa cardi	ac or reaptrat	TOPSY	24b. V	Interval Betwee Onset and Das
AART II. Other eignificant conditions of the condition of	a. Response can be seen as a contributing to c	O (OR AS A CONSECUTION OF	DUENCE OF	I Onac ot antar the mo	coning M da of dying, sur	d. 21 ch ae cardi	24a. WAS AN AU PERFORME  1 YES 25	TOPSY	24b. V	Interval Betwee Onset and Das
ART I. Enter the diseases, o shock, or heart failure of the condition of t	a. Rely, DUE TO  C. DUE TO  d. One contributing to  dyswa	O (OR AS A CONSECUTION OF	DUENCE OF	I CONSIGNATION OF THE PROPERTY	coning M da of dying, sud	n Part I.	24a. WAS AN AU PERFORME 1 YES 25	TOPSY	24b. V	Interval Betwee Onset and Das  Onset and Das  Were Autopsy Finding  MALABLE PRIOR TO  DOMPLETION OF CAUSE  OF DEATH?
AND CALLER OF THE STANDARD TO MEDICAL CONTROL OF THE STANDARD	a. Response can be seen as a contributing to c	O (OR AS A CONSECTION OF AS A CO	DUENCE OF DUENCE OF DUENCE OF DOA 296. TIME	I CONSIGNATION OF THER:	g cause given in	Part i.	24a. WAS AN AU PERFORME 1 YES 25	TOPSY DO	24b. W	Interval Betwee Onset and Das  Onset and Das  Were Autopsy Finding  MALABLE PRIOR TO  DOMPLETION OF CAUSE  OF DEATH?
23. PART I. Enter the diseases, of shock, or heart feiture disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditionally cause (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditionally caused by the conditional caused by the conditional caused by the conditional caused by the conditional caused by the conditional caused by the conditional caused by the conditional caused by the caused by the conditional caused by the caused by	a. Response can be seen as a contributing to c	O (OR AS A CONSEQUENCE OF CONSEQUENC	DUENCE OF DUENCE OF DUENCE OF	DOTHER: 4   Nursing Norr	g cause given in	Part i.	24a. WAS AN AU PERFORMI	TOPSY DO	24b. W	Interval Betwee Onset and Das
23. PART I. Enter the diseases, of shock, or heart failure of the second shock, or heart failure of the second shock, or heart failure of the second shock, or heart failure of the second shock, or heart failure of the second shock of the second s	a. Religional care of the control one contributing to describe the contributing to describe the contribution of the control of the contribution of	O (OR AS A CONSECTION OF AS A CO	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME	DOTHER: 4   Nursing Norr B   OF   28c.   INJURY   M   1   1	g cause given in  ACE OF OEATH (C)  BY AT  RK7  YES 2 NO	Part I.	24a. WAS AN AU PERFORMI	TTOPSY ED?	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	VERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY

29d. DATE SIGNED (Month, Day, Year)

21502

296. SIGNATURE AND TITLE OF CERTIFIED

STADITT SIDHU, M.D. 925 BISHOP WALSH ROAD CUMBERLAND, MD.



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ast)		2. DATE OF DEATH

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE REG. NO		- B- 1
1. DECEDENT'S NAME (First, Middle, Last CHARLI		. BRINKE	2	I and the	2. DATE OF DEATH MONTH Sept.		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  June 1,1		BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give	- 21	13	b. CITY, TOWN C	R LOCATION OF D			Maryland Y OF DEATH
Memorial Hospit	al		Cui	mberland		A]	llegany
10e. STATE 10b. COUN	m ampshire		ringfie				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER P. O. BOX	367		101	ZIP CODE 26763			EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	ee or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S Et (Specify only highest gra  Elementary/Secondary (0-12)  N/A	DUCATION de completed) Coflege (1-4 or 5+)		SUAL OCCUPATION to done during more restred.)	N st of working	166. KIND OF B	USINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last) frederick L.	Brinker			16. MOTHER'S NA Mar	AME (First, Middle, Maide y Schult		
19e. INFORMANT'S NAME (Type/Print) Dorothy A	Brinker				Route Number, City or To ingfield,		26763
23. PART I. Enter the diseases, on shock, or heert feilur immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	B. List only one cause/on ee  S. A S PI R A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A	CONSEQUENCE OF):	230 t enter the mo	East Ma de of dying, sur MONI RCINO	Pert 1.   24e, WAS	AN AUTOPSY ORMED?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	theck only one)		T TES 2 NO
1 YES 2 NO	HOSPITAL:	ntient 3 DOA			6 Other (Specify)		
Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY W	PURY AT DRK? YES 2 NO	28d. DESCRIBE HON	W INJUHY OCCU	JRED
3 Suicide 6 Could not I 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	reet, factory, offic	•	281. LOCATION (Stree City or Town, Sta	et end Number o ite)	or Rural Route Number,
29b, SIGNATURE AND TITLE OF CERTIL  29b, SIGNATURE AND TITLE OF CERTIL  30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	a end/or investigation	, in my opinion,	29c. LICENSE NO. D 2.54	e time, date end place, UMBER	end due to the	
Dr. William Lam	n, 4/ Virginia  1 32. REGISTRAR'S SIGN.  GENEL AUTOSON—AUTOSON		umberla	nd, Md.	21502		

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached moval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink and after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	SIAIE OF MARTL		TE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Las	RUTH	BEVE	= p	2. DATE OF DEATH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-20-5978	1 - M 2 F 6	YRS. MONT		7. DATE OF SIRTH	8. BIRTHPLACE (State or Foreign Country) ARVLAN
98. FACILITY NAME (If not Institution, gives the property of t	ER BECKLE	EKVILLE"	AD HAA	1 PSTEAD	CARROLL
10a. STATE 10b. COU			www.on.Location mpstead		10d. INSIDE CITY LIMITS? 1 ♥ YES 2 □ NO
100. STREET AND NUMBER 4430 Upper	Beckleysvil	le Road	101. ZIP CODE 21074	104	USA
11. MARITAL STATUS  1	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2. NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic  1 YES NO Specify	an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5+)	16a, DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	one during most of working	16b. KIND OF BUSINES	SS/INDUSTRY
12	_	Homemak	er	Domest	ic
17. FATHER'S NAME (First, Middle, Lest) Harry H. Price				THER'S NAME (First, Middle, Malden Surname)	
nally n	. PIICe	195 MAILING ADDS		Lucille Martin  eet and Number or Rural Route Number, City or Town, State, Zip Code)	
Henry T. Beve  20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 R  4 Donation 5 Other (Specify)	emoval from State	other place)  Patricl	Hafer Chap	metery Mt.	on – City or Town, State  Savage, MD  Hills
immediate cause (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO COR AS A PUTER	A CONSEQUENCE OF):  TENSION CONSEQUENCE OF):  CONSEQUENCE OF):	DCARDIA ROYK C		20 YE
PART II. Other significant condit	ions contributing to death b	out not resulting in the	e underlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 TYES 2	AVAILABLE PRIOR TO
25. WAS CASE PEFERRED TO MEDICAL EXAMPLE IT			26. PLACE OF DEATH (C	PERFORMED 1 TYES 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE PEFERRED TO MEDICAL EXAMPLES ON NO	HOSPITAL: 1   Inpetient 2   ER/Outp	patient 3 DOA 4 DOA	26. PLACE OF DEATH (C MER: Nursing Home 5 W Residence	PERFORMED  1   YES 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE PEFERRED TO MEDICAL EXAMINED IN NO. 27. MANNEY OF DEATH 1 Netural 5 Pending	HOSPITAL:  1   Inpatient 2   ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 OTI	26. PLACE OF DEATH (C	PERFORMED  1 YES 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CALL EFERRED TO MEDICAL EXAMINE IN NO.  27. MANNEY OF DEATH  1 Netural 5 Pending	HOSPITAL:  1   Inpatient 2   ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Spe-	petient 3 DOA 4 OTI	26. PLACE OF DEATH (C) HER: Nursing Home 5 & Residence 28c. INJUSY AT WORK? 1   YES 2   NO	PERFORMED  1 YES 2   heck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE EFERRED TO MEDICAL EXAMINATION OF DEATH  1	HOSPITAL:  1   Inpatient 2   ER/Outp 28a. DATE OF INJURY (Month, Day, Year) be 28a. PLACE OF INJURY building, etc. (Special Section of the Se	postlent 3 DOA 4 DOA 4 DOA 1 STEEL OF INJURY 1 DOA 1 STEEL OF INJURY 1 DOA 1 D	26. PLACE OF DEATH (C MER: Nursing Home 5 A Residence 28c. INJURY AT WORK? M 1 YES 2 NO factory, office	PERFORMED  1 VES 2   beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJUI  28f. LOCATION (Street and I City or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RY OCCURED  Number or Rural Route Number,
25. WAS CASE PEFERRED TO MEDICAL EXAMPLET.  1 FE	HOSPITAL:  1 Inpatient 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Section of the basis of axamination)	potient 3 DOA 4 OTI 4 DOA 25b. TIME OF INJURY  / — At home, ferm, street, city)  / dege, desth occurred at the analyor investigation, in the analyor investigation, in the analyor investigation.	26. PLACE OF DEATH (C) MER: Nursing Home 5 M Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, data and place, and du my opinion, death occured at the	PERFORMED  1 VES 2 heck only one)  8 Other (Specify)  26d. DESCRIBE HOW INJUI  26f. LOCATION (Street and In City or Town, State)  a to the cause(a) and menner  a time, date and place, and du	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RY OCCURED  Number or Rural Route Number;  as stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

for use as the burial-transit permit. Pages

Spi	8		-,
Po	rtac		nce
#	p q		0
5	P		9
inec	non		fie
eta	200		등
2	96		9
nay	pa.		0
9	cto		nus
900	dire		1
9	1		를
eath	fune		Xan
ler d	the	wal.	e .
s aft	2	emo	100
OUL	2	00	Ē
4 4	Fillex	ď,	9
in 2	ely	natio	= :
MA STATE	plet	Crem	ent
per	E00	rei	2
BCU	B	Pur	afic
8	E H	2	Ē
9	sicia	rior	E
icat	Phy	16 p	-
E	0	gier	등
th C	end	E	6
dea	att	enta	Ě
the	4	N	츌
hat	D D	an	J.
Sa	gne	alt.	60
quin	n Si	H	30
V re	pee	t. 0	S
8	Jas	Ped	23
Ĕ	ate	ate	E
AN	tifica	e Si	=
SICI	ce	#	1,0
F	this	M	ke
9	ter	ath	mar
ģ	. At	de	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AA	REC	2	E
0	ā	100	ie.
TAL	RAL	2	=
SP	SE	thin	N
E HC	F	W	FIA
TH	E	fie	0
2	2	2	Ξ

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR STATE REGISTRAR	STATE OF N	MARYLAND (		IMENT O					YGIENI EG. NO.		2	6670	
1. DECEDENT'S NAME (First, Middle, Last) Ne11	W.		E	BENDER				2. DATE OF I	DA	ý, 1	991	3. TIME OF DEAT 1:00	Ам
4. SOCIAL SECURITY NUMBER 218-12-5628	5. SEX	6. AGE (In yrs. le 70		IF UNDER 1 YE MONTHS DA	AR	IF UNDER	MIN.	7. DATE OF E (Month, De 06-02	2-192	1	a. BIRTN Court	IPLACE (State or Fo	reign
9a. FACILITY NAME (If not institution, give Memorial Hospital RESIDENCE OF DECEDENT		al Cente	r	96. CITY, TO		rland		ATH			nty of d legai		
10a. STATE 10b. COUNT MD Allega				OWN OR L	OCAT	TON	7	Y				10d. INSIDE CITY LIMITS? 1 YES XX	NO
Route 1 Box 257						ZIP CODE				10g. CIT		VHAT COUNTRY?	
11. MARITAL STATUS  1 Naver Married 2 Married  3 Widowed 4 Divorced		YEVER IN U.S. A YES 2  WAR OR DATES WW II	RMED NO	If yo	s, sp	ENDENT OF	, Mexica	ilC ORIGIN? (S n, Puerto Ricar /:	pecify Yes n, atc.)	or No—	Black	American India k, Whita, atc.	in,
15. DECEOENT'S EDI (Specify only highest grad Elementesy/Secondary (0-12)		S S	Silve kind of w	usual occu ork done durin e retired.) d carr	ng mo	st of working		- 10.00	n of Bus		oustry ystei	m	
17. FATHER'S NAME (First, Middle, Last) Daniel Bender								ME (First, Middle V. Cra					
199. INFORMANT'S NAME (Type/Print) Mrs. Ruth E. Bei	nder	Ŕ	oute	ADDRESS (SE 1 BOX	25	7 Ol	or Rural I	Route Number, o	2155	n, State, Zi	ip Code)		
26a. METHOD OF DISPOSITION  1 M Burlel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 8 ☐ Other (Specify)	noval from Stata	20b. PLAC Davi	E AND DATE	OF DISPOSI	TION	(Name emete:	ry	9-22	20c. LO Cumb	cation – cerla	and,	own, Stata MD	
21. SIGNATURE OF FUNERAL SERVICE L	dear	oill	,	Cum	nbe	erlan	d, M	Eral F ID 2150	)2				
23. PART i Enter the disease, or ehock, or heert failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cal	t coused the cuse on each lir	Res	prize	A	ode of dyl	f Aro	COAA	A Line	ratory a	rrest,	Approximinterval B Onset and	etween
Sequentieity liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONS	94.	nen	hi	ula	thy	Ma	rut	, or			

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH?

1 | YES 2 | NO

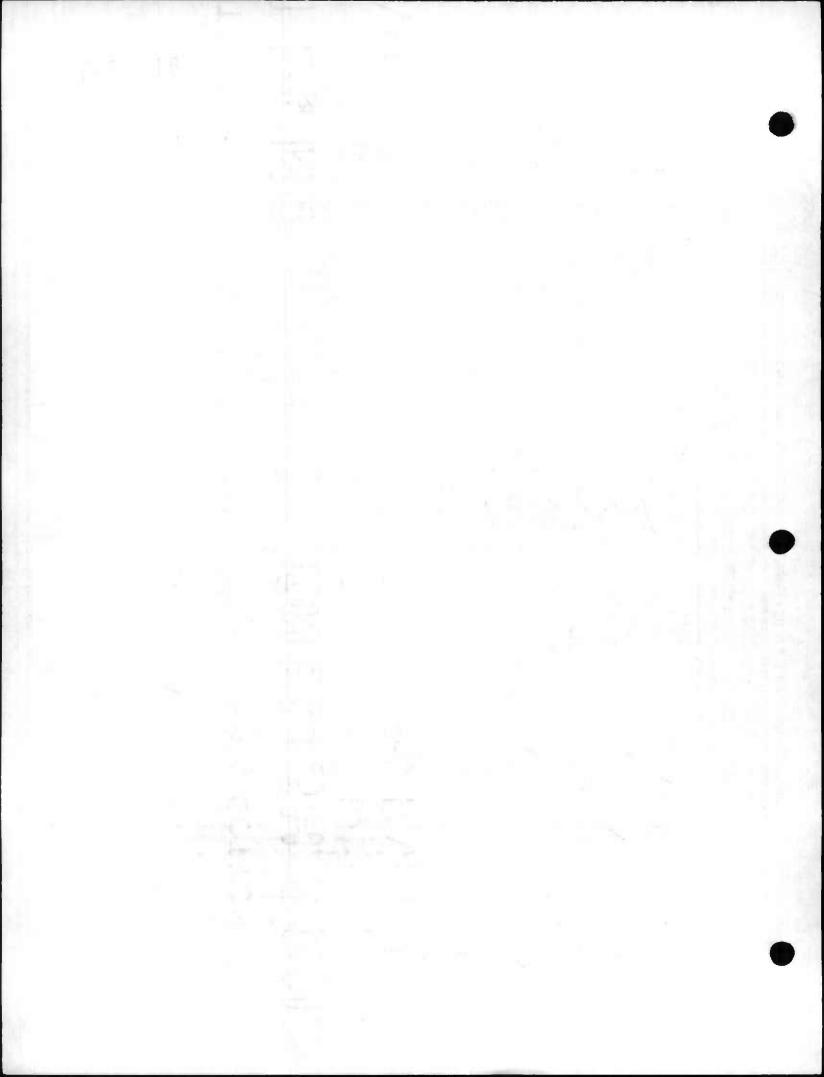
The state of the s			EN PEROL OF DESCRIPTION	reck only one)	
EXAMINER?	HOSPITAL: 1 D Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 Other (Specify)	
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ie, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

2		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SHEMED (MONTH DAY HOUR)
	D 23371	· //(//)/
DO MARIE AND ADDRESS OF DECICAL WILL COMMISSION OF STATE OF STATE OF	- · · · · · · · · · · · · · · · · · · ·	7

21502 Qamar Zaman, Memorial Hospital Medical Building, Cumberland, Mb

Grokia Davidson

DHMH-18 Rev 1/89

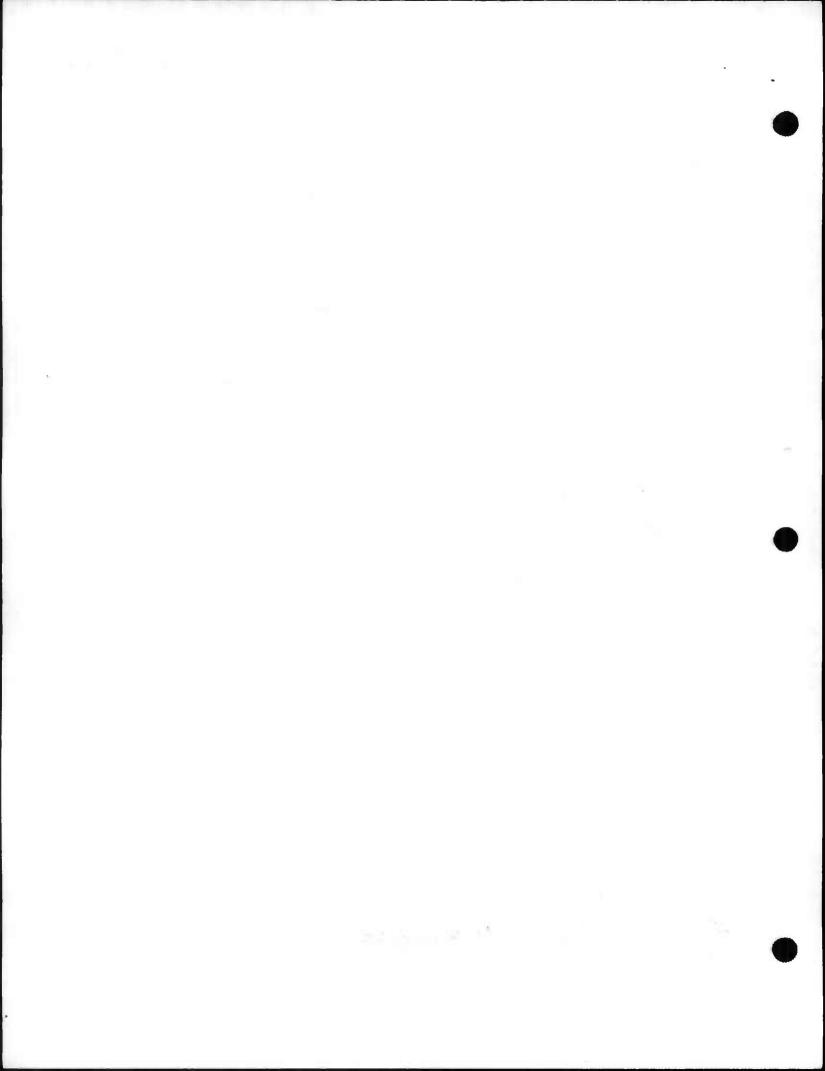


3		40	
STROUGH		offfied	
0		=	
200		å	
DCID!		Must	
INEKAL DIRECTOR: ATIBLE THIS CONTINUED BY THE AUGINALITY PRINCIPLE AND CONTINUED THE DESIGNATION OF THE PRINCIPLE DAYS 3 STOUND IN		INT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
200	Žą.	=	
5	eme	2	
E	N II	9	
THIE	jou, c	in in	
pierony	thin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ent,	
Ę	100	8	
5	Pur	월	
9	9	ĔΙ	
N.C.	rjou	ğ	
Ě	e p	6	
2	Die	등	
2	£	6	
dill	ntal	5	
2	ž	칅	
5	and	2	
Ē	5	8	
20	Hea	1	
9	6	5	
Ids o	Dept	23	
Sale	State	Tem	
E	he	5	
5	=	8	
E	*	품	
ATTR	deat	E	
5	fter	=	
2	S	2	
5	Pour	5	
\$	2	=	
NE	thin.	빌	

5

	REGISTRAR		C	EHIIF	ICATE	: UF	DEAL	н		REG. NO	Э.		
	1. DECEDENT'S NAME (First, Middle, Lest)  NELLIE PE	ART. RERO	GDOLT.						2. DATE MONTH		1991	YEAR	TIME OF DEATH  • ∩ Q D M  • M
		SEX	6. AGE (In yrs. le	st birthdev)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH			ACE (State or Foreign
	217-28-0450	□ M 2 🂢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	1915	W. VA	
~	9a. FACILITY NAME (If not institution, give street			4	9b. CITY	TOWN C	R LOCATIO	ON OF DE			9c. COUNT	TY OF DEAT	Н
OT:	RFD# 8 BOX# 401 VAL	LEY ROA	D		CUr	BER	AND	_		_	ALLE	GANY	
FUNERAL DIRECTOR	MARYLAND 106. COUNTY ALLEG	Aîvy			Y, TOWN C BERI		ION						d. INSIDE CITY LIMITS?  YES 2 X NO
A	10e. STREET AND NUMBER					101	ZIP CODI	E	-		10g. CITIZ		T COUNTRY?
ER	RFD# 8 BOX# 401	VAL	LEY ROA	D			2150	)2			II.9	SA	
5		. WAS DECEDENT	EVER IN U.S. A	RMED						? (Specify Yo	s or No—	14. RACE — Black, W	American Indian,
В	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES Z				2 XNO			noun, etc.)			WHITE
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON apleted)	16a. D	ECEDENT'S Give kind of to a. Do NOT us	USUAL O	CCUPATIO	N at of worldr	vg	16b.	KIND OF BU	USINESS/INDU	ISTRY	
COMPLETED	Elementary/Secondary (0-12)	college (1-4 or 8+		COOK/					H	OLIDA	Y INI	COOK	
OMI	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maide			
BE C	GABRIEL CONRAD	= 1.3					COR	A LA	NDIS				
10	190. INFORMANT'S NAME (Type/Print) ELMER E. BERGDOLL		R	FD# 8	BOX	S (Street a	nd Number )3 VA	or Rural	Route Numb	DCUME	wn, steen, zip ( SERLANI	code) O MAR	YLAND
	26a, METHOD OF DISPOSITION 1 \( \) \( \) \( \) \( \) Buriel 2 \( \) Cremation 3 \( \) Ramova 4 \( \) Donation 5 \( \) Other (Specify)	I from State	SUNSE	OF DISPO	SITION (M	L PA	netery, cren RK	9/2	5/91		OCATION — C BERLAN		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	VI				D ADDRE						
	Dale L.	Merri	U							RAL H	OME FRI AM	) MD	215(12
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	EOUENCE O	F):								
- CER	PART II. Other significant conditions of	contributing to	death but not	resulting	In the ur	nderfyln	n cause	niven in	Part I	24a WAS A	IN AUTOPSY	24h W	TERE AUTOPSY FINDINGS
EDICAL									_		ORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
									_			1	YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL												
CI	EXAMINER?	IOSPITAL:	) EDMonto esta es	• 🗆 • • •	OTHE	R:	1		neck only or			_	
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIA	NE OF	28c. IN.	URY AT	esidence	6 C Othe		INJURY OCC	URED	
BY P	Natural 5 Pending Investigation	(Month, D	ny; Ybar)	IN	JURY M	WC	YES 2	□ NO		2010-70-			
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At hetc. (Specify)	ome, farm,	street, fac	tory, offic	•		28f. LOC City	ATION (Street or Town, Stell	t and Number	or Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one)												
CON	MEDICAL EXAMINER:	On the basis of a	xamination and/o	r investigati	on, in my	opinion, o	leath occu	red at the	time, data	and place,	and due to the	cause(a) a	nd manner as stated.
BE	296 SIGNATORE AND TITLE OF CENTIFIER							COOT					fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAIR	SE OF DEATH #T	FM 273 /5~	Print		ע	091	)/		SE	PT 22	2 1991
		+ WEST 3			, ,	RT Aix	D MA	RYT.A	JVI)	21502			
	21 DATE Ell ED Worth Day Ward	20 DEGICTO	DIS GLONIATION				- 147		110	~1302			
	SEP 2 3 1991	gedia Do	widson-R	indell									
		17											DHMH-16 Rev 1/8

	FOR STATE REGISTRAR	ATE OF MARYL	AND / DEPAR CERTIF					MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY	,	WEAD.	3. TIME OF DEATH
1	John Joseph Cochr.	an Sr.						September		991	8:30PM M
	4. SOCIAL SECURITY NUMBER 5. SE	EX Male 6. AGE		IF UNDER 1		IF UNDER 2		7. OATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
\	577 46 9736	M 2 □ F 5	7 YRS.	MONTHS	DAYS	HOURS	MIN.	July 29, 1	934	Pen	ñа.
)	9e. FACILITY NAME (If not institution, give street an	nd number)		9b. CITY,	TOWN OF	R LOCATIO	N OF OE	ATH	9c. COU	NTY OF O	EATH
OR	Kent & Queen Annes Hersidence of Decement	ospital In	ic.	Che	ster	town			Ken	ıt	
5	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OF	R LOCATI	ON					10d. INSIDE CITY
등	Maryland	Kent	- 4	ester							LIMITS?
7	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CIT	IZEN OF W	WAT COUNTRY?
ER/	High St.					21	620		US	A	
FUNERAL DIRECTOR		AS DECEDENT EVER IN						IC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,
	I Never warried 2 married	ORCES? 1 YES	2NO			city Cuban 2 X NO		n, Puarto Rican, etc.)		Speci	white, etc. White
) BY	3 Wildowed 4 Divorced					-					WHITE
E	15. DECEDENT'S EDUCATION (Specify only highest grade comple		16a. DECEDENT'S (Give kind of life. Do NOT u	work done di	CUPATION uring mos	N t of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12) 4 Coll	lege (1-4 or 5+)	Certifi		ıbli	c Acc	oun	tant			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-		18 MOTH	FR'S NA	ME (First, Middle, Meiden S	Sumamal		
	Bernard	l Wilson C	ochran		-			E. McCormi			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street an	nd Number	or Rural F	Route Number, City or Town	, State, Zij	o Code)	
5	Susan Cochran Sutton	1	Mi1	lingt	on,	Md.	216	51			
	20a. METHOD OF DISPOSITION Buri	al 206	PLACE OF DISPO	SITION (Nen	ne of cem	etery, cremi	itory or	20c, LOC	CATION —	City or To	
	4 Donatish 5 Other (Specify)	G.	alena Ce	meter	y (	Sept.	9,	1991)		Ga.	lena, Md.
	21. SIGNATURE OF PUHERAL SERVICE LICENSES	E / 1	$\Omega()$	22. N	AME AN	D ADORES	S OF FA	CILITY	P.O.	Box	# 264
	* Heville	6 (N)	Ws-	J.	Wi	llis	Wel.	1s Cheste	rtow	n, M	d. 21620
	23. PART I. Enter the diseases, or compl										Approximate
	inock, or heart failure. List o	only one cause on a	ach line.								Onset and Deeth
	disease or condition resulting in death)	Herhotas	usian								
		TO OR AS	CONSEQUENCE	F):						-	
Z	Sequentially list conditions,	House									
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE C	0F): Sala a		/ .	10				
5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE	PF:	7	zem	-	Tu clas			
CERTIFICATION	thet initieted events resulting in death) LAST	Bone	Milne	hoh	6	1	~~~	Pance			
	d					/					
CAL	PART II. Other significant conditions con	A						Deneon.		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	4 4 4 54	Cercer			HI	0 6	1	1 - YES 2	□ NO		OF DEATH?
M	- Philelias,	Hora	wear.	Ren	~	Spi	pp	my!			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				00.51	100.00.00	AT11 (0)				
PHYSICIAN: MEDI	EXAMINER? HO	SPITAL: Inpatient 2 - ER/Out		OTHER	t:			eck only one)			
448		28a. DATE OF INJURY	28b. Til		28c, INJI		Idance	8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OC	CURED	
	1 Netural 5 Pending	(Month, Day, Year)		JURY	WOI		NO				
BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY	— At home, farm,	street, facto	ory, office			281. LOCATION (Street a	nd Numbe	r or Rural I	Route Number,
	4 Homicide determined	building, etc. (Spe-	city)					City or Town, State)			
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my know	riedge, death occur	red at the til	me, date	and place.	end dua	to the cause(a) end man	ner as str	rted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On										a) and manner as stated.
5	29b. SIGNATURE AND TITLE OF CERTIFIER		_			29c. LICE	NSE NUI	MBER	29d, DA	TE SIGNED	(Month, Dgy, Year)
BE	Church					A	-36		•	9	15/91
9	30, NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)							
	John Arrabel, M.D.	(D-2388		stert	own	, Md.	21	620			
15	31. DATE FILED (Monte PD Year) 1 101	32. REGISTRAT SEIGH	TORE TO	and po							
	ULI I JII	June		- lance							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician enterprise that the fined within 72 hours after death with the State Dept. of Health and Mental Hyderte price to brind, cremation, or entroyal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

		DEPARTMENT OF I		MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Thomas D. Conner			2. DATE OF DEATH MONTH OA	T YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest to 534 28 70 3 1 M 2 1 F	olirthday) Funder 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 02 09	Cor	ATHPLACE (State or Foreign unity) SHINGTON
2	9a. FACILITY NAME (If not institution, give street and number)  Loch Rayen V. A. Hosp.	96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
HECTOR	RESIDENCE OF DECEDENT  18a, STATE M. 18b, COUNTY	10c. CITY, TOWN OR LOCA			304.1	10d, INSIDE CITY
5	ANNE ARUNDEL	MII	LERSVII	LE		LIMITS? 1 YES 2 NO
HAL H	196. STREET AND NUMBER 518 KENORA DRIVE	10	21108		716	S.A.
BY FUNEHAL	11. MARITAL STATUS  1 Never Merried  3 Wildowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES, 1 19 50 - 5 31	13. WAS DE	CENOENT OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14. R/B	ACE — American Indien, lack, White, etc.
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give	EDENT'S USUAL OCCUPATE e kind of work done during mo oo NOT use retired.)		18b. KIND OF BUS	I INESS/INDUSTRY	· · · · · ·
COMPLEI	12 0 AIR 17. FATHER'S NAME (First, Middle, Lest)	FORCE OF	18. MOTHER'S NA	U.S.GC		ENT
n n	THOMAS CONNER  190. INFORMANT'S NAME (Type/Print)  19b.	MAILING ADDRESS (Street	UNKNO		n, State, Zip Code)	,
2		18 KENORA				
	20e. METHOD OF DISPOSITION 1 Suriel 2X Cremetton/3 Removal from State 4 Donatton 8 Other December METR METRO	F DISPOSITION (Name of ce		9/18 CAT	CATION — CIRY OF	
	21. SIGNATURE OF FORMAL BEINVICE LICENSEE	RAYMO	ND ADDRESS OF FA OND C. I CRAIN HV		RAL HO	OME 21061 RNIE,MD.
RIIFICATION	23. PART I. Enter the diseases of complicatione that caused the des shock, or heart felliule. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Pulhus Vente of):	ary	embol	ratory errest,	Approximate Interval Between Oneet and Death Minutes  5 Jays
MEDICAL CER	PART II. Other significent conditions contributing to death but not re	sulting in the underlyle	ng ceuse given in	Pert i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED DO MEDICAL	26. F	LACE OF OEATH (Ch	eck only one)		
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO 10 Inputer 2 ER/Outpettent 3		me 5 🗆 Reeldence			
Y PH	27. MANNRR OF BEATR  Natural 5 Pending Investigation  28. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	°
2	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, factory, offi	C.	281. LOCATION (Street ( City or Town, State)	and Number or Ru	ral Route Number,
COMPLET	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, dear one)					se(s) end menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER  ND JAR		29c. LICENSE NU	MBER	29d, DATE SIGN	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print) V . A	MEDICAL	CENTER	1	
			ROAD-BAI	TIMORE, M	D. 212	218
	31. DATE FILED (MONTH DOY, YOU) 32. REGISTRAN'S SIGNATURE SEP 18 1991 Fulla Davidson Randall	•				

	FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)  Edward	John C	ino Hi,J	ir.	9 1	8 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  220-50-6551  9a. FACILITY NAME (If not institution, give a	1 M 2 D F	43 YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS.   DAYS   HOURS   MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/22/4	Sc. COUNTY	OF DEATH
CTOR	330 Seven Rus	Ann	A	mapolis	mu	Anne	Arunde
L DIRECTOR	10e. STATE 10b. COUNTY  M. A. Anno  10e. STREET AND NUMBER		Anna Anna			10a, CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	330 Sevenn	12. WAS DECEDENT EVER IF	U.S. ARMED 18	2/46) WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		USA	RACE — American Indian, Black, While, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2 NO Speci	ily:		Spoothy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL (Give kind of work don the. Do NOT use retired  Vice-Pres	during most of working		gage-B	anking
	17. FATNER'S NAME (First, Middle, Lest)  Edward John C			16. MOTNER'S N	AME (First, Middle, Melder lamina A)	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Mary Lynn Cin	otti	19b. MAILING ADDRE	ss (Street and Number or Rural vern Road,	Annapoli	wn, State, Zip Coo	21401
	20a. METNOD OF DISPOSITION  1∑ Burlel 2 □ Cremetion 3 □ Rem  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE LI	oval from State of H	o. PLACE AND DATE OF DIS cemetary, crematory or othe ill crest	place)	9/21 Ar	ocation – city inapol: oel	is, MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Jakob D	islase		Onset and the second se
MEDICAL	PART II. Other algolificant condition	ne contributing to death t	out not resulting in the	underlying cause given in			24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 4 DA	28. PLACE OF DEATN (CER:			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	f — Al home, farm, streel, f city)	ectory, office	281. LOCATION (Stree City or Town, Stat	t and Number or I e)	Rural Route Number,
COMPLETED	one) 2 MEDICAL EXAMIN	ICIAN: To the best of my know		opinion, death occured at the	ne time, data and place,	and due to the co	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	· au			1064	► 91	GNED (Month, Day, Year)
	James M.  31. DATE FILED (Month, Day, Year)	Chambeles,		69 Peninsula 7	form Rd.	Amolo	( MD 21013
	SEP 2 0 1991 &	his Davidson-Par	della				

avaar tu

BUT BY THE BUT OF SHOTE

the second of th

-

White the world of the

	1. DECEDENT'S NAME (First, Middle, Le	s L. Co	Ipo.				2. DATE	OF DEATH	4	3. 47° 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-09-2060	1 🕅 M 2 🗆 F	AGE (In yrs. last		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1. Day, Year) 14, 1	913	8. BIRTHPL Country) Penny	ACE (State or For
TOR	98. FACILITY NAME (IN not institution, ghe Washington Co. RESIDENCE OF DECEDENT	Hospital		91		Stown	EATH		9c. COUN	ington	ГН
DIRECTOR	10a. STATE 10b. COU				own on Local						Dd. INSIDE CITY
FUNERAL	17704 Mondell	Rd.				21782			10g. CITIZ		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, sp	endent of HISPA ecity Cuben, Mexic 2 NO Speci	an, Puarto F	7 (Specify Yes Noan, etc.)	or No-	14. RACE — Black, W Specify:	American India
PLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Glv.	e kind of work Do NOT use re	ual occupation done during montred.)	ON st of working	16b.	KIND OF BUS	siness/indi		
E COMPL	17. FATHER'S NAME (First, Middle, Last) Marco Colpo					18. MOTHER'S NA Angela		fiddle, Malden			
TO BE	194. INFORMANT'S NAME (Type/Print) Ruth E. Colpo		19b.	MAILING AD	oness (Stroot a	nd Number or Rural Rd. Sho	Route Numb	er, City or Town	n, State, Zip		
	20a. METHOD OF DISPOSITION 1 General Surface S		20b. PLACE AN SMUCHS		Premato	ry 9	7-20-	91 Smi	cation — c thsbu	erg, Mi	State
	21. MEMATURE OF FORERAL SERVICE	LICENSEE	in	,		s Funera 3 Box 78			a MD	2178	8.3
	23. PART i. Enter the diseases, of ahock, or heart failur IMMEDIATE CAUSE (Final	e. List only one dauae	on each line.	th. Do not	enter the mo	de of dying, suc	1	lac or respi	ratory arre	est,	Approximation interval Be
NOI	disease or condition resulting in death)  Sequentially list conditions,	- CO/0	MIV R AS A CONSEQUENCE R AS A CONSEQUENCE	RVCi	Caro	inomi	atis	sis			Onset and
ERTIFICATION	resulting in death)	- b DUE TO (OF	R AS A CONSECU	RVCI JENCE OF):			atis	sis			Onset and
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Due to (of	R AS A CONSEOL	PENCE OF):	nom	<u>a</u>			AUTOPSY MED?	AM CO OF	Onset and  YVS  US  ERE AUTOPSY FI ALLABLE PRIOR  MPLETION OF C DEATH?
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Due to (of	R AS A CONSEOU	PURIOR OF):	he ynderlying	g cause given in	Part i.	24s. WAS AN PERFOR	AUTOPSY MED?	AM CO OF	Onset and  YVS  US  ERE AUTOPSY FIN ALLABLE PRIOR IT MULTIPLE PRIOR IT
Y PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	b. DUE TO (OF  c. DUE TO (OF  d. Ons, contributing to de  1 Inpatient 2 En Marcor III (Month, Dag )	R AS A CONSCOL	PURIOR OF):	he ynderlylng  28. PL  THER:	ace of Death (Ch	Part i.	24s. WAS AN PERFOR		CO OF	Onset and  Y V S  LICENSTRICT
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are successful to the condition of the condition o	b. DUE TO (OF  c. DUE TO (OF  d	RAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DENCE OF):  JENCE OF):  JULIUM IN THE OF INJURY	he ynderlying 28. PL THER: Nursing Hom	ace of Death (Ch	Part i.  Beck only one  Control  Contro	24a. WAS AN PERFOR 1 U YES 2	HURY OCCI	AM CO OF	Onset and Y VS  HE AUTOPSY FII NILABLE PRIOR MPLETION OF C. DEATH?  YES 2 N
OMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the con	DUE TO (OF  DUE TO	R AS A CONSEOU  Path put not re-  Path put not r	PULLING IN the Colonial Coloni	he ynderlying  26. PL  THER: Nursing Hom  It hectory, office	ace of DEATH (Ch	Part i.  Beck only one  Color of Color of Color of the Court	24a. WAS AN PERFORM 1 YES 2  (Specify)  CRUBE HOW IN Them, Share a Page 1 Shar	AJURY OCCI	AMCOO OP 1 [	Onset and  YVS  GREAUTOPSY FIRE  ARLABLE PRIOR I  MPLETION OF CI  DEATH?  YES 2 N
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the con	b. DUE TO (OF  c. DUE TO (OF  d	R AS A CONSCOL	DOA OTHER TIME OF INTERNATIONAL PROPERTY OFF	26. PL THER: Nursing Hom  It hactory, office	ace of DEATH (Ch	Part I.  Beck only one  G Other  Zed. DESH  LOCA  City a	24a. WAS AN PERFORM 1 YES 2  (Specify)  CRUBE HOW IN Them, Share a Page 1 Shar	JURY OCCL	OF OF OF OR OF OF OF OF OF OF OF OF OF OF OF OF OF	Onset and  YVS  GREAUTOPSY FIRE  ARLABLE PRIOR I  MPLETION OF CI  DEATH?  YES 2 N

James L. Cipe, 51:

C. Tarley I Salate 1

29,22-4, \_ 3, \_ 2, \_

	1 - STATE REGISTRAR		CERTIFICAT	TE OF DEATH	MENTAL HYGIE REG. N		
		ebecca	Colt		Sept. z		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER  213-44-5150  9a. FACILITY NAME (If not institution, give	1 □ M 2 🏋 F 103	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS B DAYS HOURS MIN.  ITY, TOWN OR LOCATION OF	JULY 24	1890 M	BIRTHPLACE (State or For Country) IARYLAND
Top .		Hospital		eovardloo		SK, A	DARY'S
DIREC	10a. STATE 10b. COUNT	MARY'S		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X
ERAL	100. STREET AND NUMBER 3280 LAUREL GROVE	E BOAD		101. ZIP CODE 20659			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 200	3. WAS DECENDENT OF HISP If yea, specify Cuben, Max 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	ea or No- 14.	S.A.  RACE — American India Black, Whita, atc.  Specify: WHITE
PLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use retired	ne during most of working f.)		USINESS/INDUST	
E COMP	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)  DANIEL T. DI	IXON	HOUSEWI		NAME (First, Middle, Maide FLOYD		
TO B	19a. INFORMANT'S NAME (Type/Print) RUTH N. EMERY			SS (Street and Number or Run TA LANE, SU]		wn, State, Zip Coo	-
CERTIFICATION	23. PART/I. Entar tha disasses, or shock, or heart feliura.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	s. My Cor Country on the country of	the dasth. Do not ant the lina.  CONSEQUENCE OF:  CONSEQUENCE OF:		uch as cardiac or res	piratory arrest,	ARYT.AND Approxim Interval B Onset sno
Ö							
V: MEDICAL	PART II. Other significant condition	ns contributing to death but	t not resulting in the	undarlying cause given i		PRMED?	AMILABLE PRIOR COMPLETION OF C
SICIAN: MEDI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 9 YES 2. NO	HOSPITAL:	ОТН	26. PLACE OF DEATH (	PERFC 1 YES	PRMED?	AMILABLE PRIOR 1 COMPLETION OF C OF DEATH?
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ОТН	26. PLACE OF DEATH (	PERFC 1 YES	PRMED? 2  NO	MAILABLE PRIOR 1 COMPLETION OF C. OF DEATH? 1 YES 2 N
D BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2. NO  27. MANNER OF DEATH  1. Netural 5 Pending	HOSPITAL:  11 Topatiant 2 ER/Outpet  28a. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 N	26. PLACE OF DEATH (1) ER: uraing Home 5 Gasidenc 28c. INJURY AT WORK? 1 GYES 2 NO	PERFC 1 YES  Check only one) 6 G Other (Specify)	INJURY OCCURE	AMAILABLE PRIOR COMPLETION OF COP DEATH?  1 YES 2 N
ETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicida 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSR4TAL: 11 1 □ Inpetiant 2 □ ER/Outpeti 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY —	lent 3 DOA 4 N 4 N 4 N A 1 N A	26. PLACE OF DEATH (IER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lectory, office	PERFC  1 YES  Check only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  us to the cause(a) and ma	INJURY OCCURE and Number or R	1 YES 2 N
D BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Sufcida a   Could not be 4   Homicide   detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  286. SIGNATURE AND TITLE OF CERTIFIE	HOSPATAL:  11- Inpatiant 2 ER/Outpet  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY – building, atc. (Specify)  BICIAN: To the best of my knowled  ER: On the besis of axamination a	lent 3 DOA 4 N A N A N A N A N A N A N A N A N A	28. PLACE OF DEATH (I) ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lettory, offica  time, data and place, and dependence of the population, death occurred at the population of	Check only one)  e 6 Other (Specify)  28d, OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  use to the cause(a) and make time, data and place, a	INJURY OCCURE and Number or R s) enner as stated.	AAILABLE PRIOR COMPLETION OF COP DEATH?  1 YES 2 N

mail had been a for

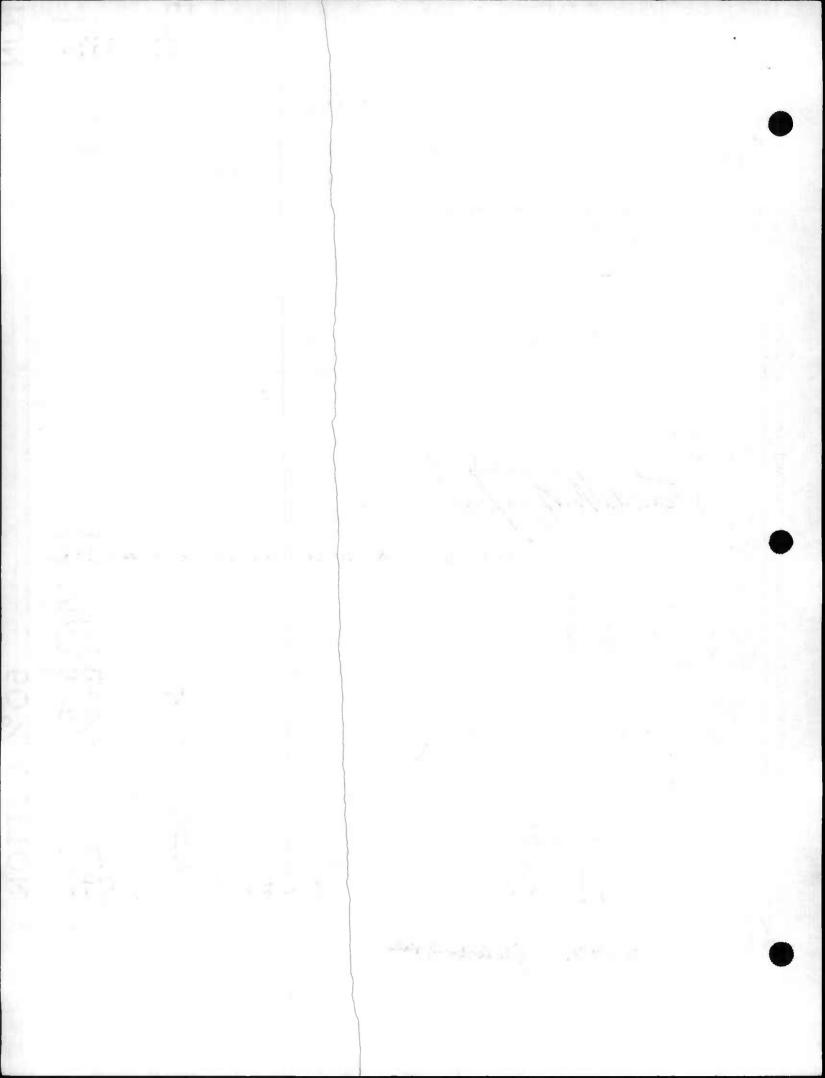
31. DATE FILED (Month, Day, Year)
SFP 2 0 '91

Like Davidson

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DE		ENT OF H		MENTA	L HYGIEN	E	200	, , ,
	1. OECEDENT'S NAME (First, Middle, Last) BEATRICE	CATHER	INE COM	3S	150	7	MONT	OF DEATH DA	19, 1	VEAD /	ME OF OEATH 7
1	4. SOCIAL SECURITY NUMBER 577-16-5123	5. SEX	6. AGE (In yrs. lest birt		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLACE Country) MARYL	E (State or Foreign
тов	98. FACILITY NAME (If not institution, give a AT HOME STAR RT. RESIDENCE OF DECEDENT		9b.		ORNIA			9c. COUNT	MARY S	5	
DIRECTOR	MARYLAND ST.	MARYLAND ST. MARY'S			CALIFORNIA						INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	STAR RT. BOX 103			101. ZIP CODE 20619				10g. CITIZEN OF WHAT COU			
B⊀	11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED THE YES 2 TO THE OR DATES		If yes, sp	ENOENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto		or No-	Specify:	nericen Indian, le, atc.
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give ki	ENT'S USU ind of work NOT use ret		ON st of working		CIENTED A			CE CHOPE
ME	8TH GRADE  17. FATHER'S NAME (First, Middle, Last)			.U-UW.	NE <sub>K</sub>	16. MOTHER'S N				CHANDI	SE STORE
	GEORGE FRANK	T.TNI AF	BELL			ALI				TTANA COL	DTD.
BE	19e. INFORMANT'S NAME (Type/Print)	CLITA PAL		AILING ADI	ORESS (Street )	ALII and Number or Rura		VICTOR		HAMMET	
2	THOMAS BENJAMIN C	OMRC				103, C					0610
	20e. METHOD OF DISPOSITION 1 Suriet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE Jard	20b. PLACE AND of cemetary, cre-	matory or o	ther place) CEMETE 22. NAME AI MATTIN P.O. E	CRY NO ADDRESS OF F IGLEY—GA BOX 270	RDINE LEON	3/91 H ER FUNE VARDTON	OLLYW ERAL H	IOME, I	ARYLAND P.A. D 20650
	23. PART I/Enter the diseases, or ahock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one ceu						rdiec or reep	iretory arre		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO	OR AS A CONSEQUE	NCE OF):	utes	us					
CER		d									
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	at dea		iting in ti	he underlyin	g ceuse given l	n Part I.	24e. WAS AN PERFOR	RMED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆		THER:	LACE OF OEATH (C			-		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, D	INJURY 20	Bb. TIME OF	F 26c. IN.	NO 6 Residence	-	EŞCRIBE HOW	INJURY OCCI	URED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE O building,	F INJURY — At home, etc. (Specify)	farm, stree	it, tectory, offic	:0		CATION (Street y or Town, State		or Rural Route i	Number,
COMPLETED	CONDUCTORINY .		my knowledge, death								manner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	. Jem	uch	5		29c, LICENSE N	-	68	29d. DATE	SIGNED (Mon	th, Day, Year)
F	JOHN F. FENWICK		LEONAR		A4. 1	YLAND 2	20650				

	affe	8
_	2	=
	2	8
	24	=
0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
9	N D	E
8	of a	3
9 )	оехе	and
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2	ician
8	cate	Pys .
o	ug.	0
9	9	Di.
DL.	eath	afte
OS	hed	the
~	at	3
0	th s	Ded :
0	2	Sig
R	req	een.
	M.B	as t
A	2	e h
	ž	icat
>	CA	entil
5	3	S
_	4	5
O	DING	Afte
S	EN	E.
Ë	B	5
5	NO.	OIR
_	M	A
	SP	NER
	웊	2
	뿔	표
	2	2

	1 - STATE REGISTRAR		CERT	IFICATE O	F DEATH	RE	G. NO.	
. 3	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF D	DAY	YEAR 3. TIME OF DEA
	RAJ KUMARI	CHANDRA				-	18, 1991	0115
	4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (In yrs. liest birthd	MONTHS DAYS		7. DATE OF BI (Month, Day, MAR . ]	Year)	I. BIRTHPLACE (State or F Country) INDIA
ECTOR	9a. FACILITY NAME (If not Institution, give NAVAL HOSPIT				N OR LOCATION OF DI	EATH		MARY'S
DIRECT	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	тү		CITY, TOWN OR LO	UR, INDIA			10d. INSIDE CIT LIMITS?
ERAL C	104. STREET AND NUMBER				101. ZIP CODE			EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes,	Specify Cuben, Mexico ES 2 2. NO Specific	en, Puerto Ricen,	ecify Yee or No — 1	14. RACE — American Inc Black, Whita, etc. Specify: ASIAN
APLETED	1s. DECEDENT'S EL (Specify only highest gra Elementary/Secondery (0-12)	DUCATION de completed) College (1-4 or 5 +	(Give kind ille. Do NO	T'S USUAL OCCUP! of work done during IT use retired.)	most of working	16b. KINE	OF BUSINESS/INDU	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)  RAI KAMLAPATI	RAY				AME (First, Middle AMLAPAT)	, Melden Surneme)	
TO B	19a. INFORMANT'S NAME (Type/Print)	2.4			et and Number or Rural			GTON PARK,
TO BE	MR. RAJESH CHANDI		20b. PLACE AND D	ATE OF DISPOSITI	ON (Name	DATE DATE	20c. LOCATION — C	
	1 Donation 6 Other (Specify)	1	of cemetary, crema	tory or other place)			WALDORF,	MARYLAND
	21. SIGNAPORE FUNERAL SERVICE	Mul		BRIN	SFIELD FU	NERAL H	,	ARYLAND 206
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEQUENCE	E OF):				
	PART II. Other algolificant conditi	ons contributing to	death but not result	ng in the underly	ying cause given in	Part I. 24e.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY AWAILABLE PRIO
: MEDICAL						10	YES 2 NO	COMPLETION OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	V	OTHER:	. PLACE OF DEATH (C	heck only one)		73.77
HYS	1 YES 2 □ NO 27. MANNER OF DEATH	28e. DATE OF		TIME OF 28c.	INJURY AT		E HOW INJURY OCC	URED
B	1 Natural 6 Pending 2 Accident Investigation				WORK? YES 2 NO	001 100170		Series Market
ETED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, fa etc. (Specify)	iiii, alieet, factory, 6	· · · · · · · · · · · · · · · · · · ·	City or Tox	vn, State)	or Rural Route Number,
COMPLET	anal and		my knowledge, death oc examination end/or investi					d. cause(a) and menner as
TO BE CON	296. SIGNATURE AND TITLE OF AERTIF	19	7)		DIY	A P 5	29d. DATE	SIGNED (Month, Day, Yea
1	WILLIAM D. BOYD,				ET, LEONAL	RDTOWN.	MARYI. ANT	20650
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE			- 151		

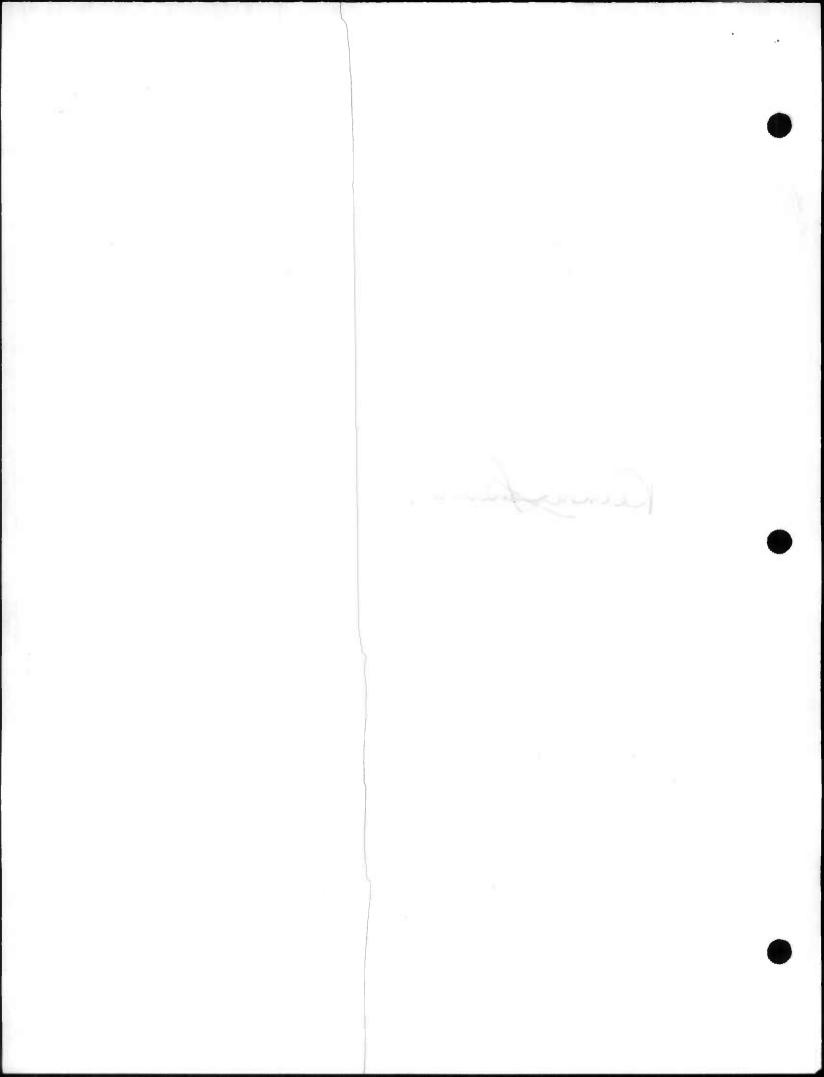


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 casts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING	FUNERAL DIRECTOR: After	within 72 hours after death	ITANT: It item 28 is ma
TO TH	TO TH	be file	IMPO

SEP 1 3 91

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND / D Cei		AENT OF F			MENTAL	REG. NO.	91	2	6679
	1. DECEDENT'S NAME (First, Middle, Leat)  ELLEN L]	EE (	CAMPBELL	ze, l'				2. DATE O	0.00		AR 3.1	TIME OF DEATH
	4. SOMAL SECURITY MIMBER		6. AGE (In yrs. lest b	MO	F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE O (Month,	Day, Year)	211 0	BIRTHPLA Country)	CE (State or Foreign
	293-28-8513  9a. FACILITY NAME (If not institution, give str	1 M 2 F	71	YAS.	9b. CITY, TOWN OR LOCATION OF DEAT				10 Z   Twest Vir			
OR	Holy Cross Hos	spital			Silver Spring				mon y			
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1		10c. CITY, T	OWN OR LOCA	TION					100	I. INSIDE CITY
PE	ma Mon	Home	vy	51)	ner :	SPEN	19				1 8	LIMITS? YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	11 00			10	ZIP COD	nh			10g. CITIZEN	OF WHAT	COUNTRY?
NE	12609 Blue Hill		T EVER IN U.S. ARMI	ED	13 WAS DEC	ENDENT (	DE HISDAN	IC OBIGINS	(Specify Yea	W No - 14	7 PACE -	American Indian
	1 Never Married 2 Married		YES 2 TNO		If yes, ap		n, Mexica	n, Puarto R		14.	Black, WI Specify:	American Indian, hita, etc.
BY	3 Widowed 4 Divorced					11						White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	(Give		WAL OCCUPATE k done during me etired.)		ng	16b.	KIND OF BUS	SINESS/INDUST	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	)		ionist			Ma	anufac	turer		
OM	17. FATHER'S NAME (First, Middle, Last)		1 11		TOTAL ST	7	HER'S NA	ME (First, M	liddle, Malden	Surname)		
BE C	HARRY POOLE								EVANS			
10	19a. INFORMANT'S NAME (Type/Print) DAWN FORDER	(Daught			Blue Hi							20906
	20a_METHOD OF DISPOSITION 1	wal from State	other place	(9)	ion (Name of ce Cemete)		matory or			cation - city		
	21. SIGNATURE OF FUNDRAL SERVICE LICE	ENGEE /			JOSET	ND ADDRE	SS OF FA	CILITY S. S.	ons. I	inc. N	I.W.	
	Lemon	1An	more	7					-	h. D.(		0016
	23, PART I. Enter the diseases, or co	ASSESSMENT OF THE PARTY OF THE										
	ahock, or heart failure. L			th. Do not								Approximete interval Between
	ahock, or heart failure. L IMMEDIATE CAUSE (Final				enter the me							
	ahock, or heart fallure. L	Res	piratory	Fa	i ontor the mo	ode of dy	ring, auc	h es card	lec or reapi	ratory arrest		interval Between
Z	ahock, or heart failure. I	Res		Fa	i ontor the mo	ode of dy	ring, auc	h es card	lec or reapi	ratory arrest		interval Between
TION	ahock, or heart failure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Resident Res	piratory	Fa	i ontor the mo	ode of dy	ring, auc	h es card	lec or reapi	ratory arrest		interval Between
FICATION	shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	Residue to Leu	(OR AS A CONSECUTION AS	UENCE OF): S15 UENCE OF): My	i lyre	ode of dy	ring, auc	h es card	lec or reapi	ratory arrest		interval Between
ERTIFICATION	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING	Residue to Leu	PIVA TORY  (OR AS A CONSECUTION OF AS A	UENCE OF): S15 UENCE OF): My	i ontor the mo	ode of dy	ring, auc	h es card	lec or reapi	ratory arrest		interval Between
L CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO OUE TO	(OR AS A CONSECU-	UENCE OF):  S 15  UENCE OF):  My  UENCE OF):	eloge	indi ndi	Om	e Leu	lec or reapi	ratory arrest		interval Between
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OUE TO	OR AS A CONSECU	UENCE OF):  S 15  UENCE OF):  My  UENCE OF):	eloge	indi ndi	Om	e Leu	KR MAS AN PERFO	AUTOPSY RMEO?	24b. WB	Interval Between Onset and Death    wk     wk     yrs
اب	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OUE TO a contributing to	OR AS A CONSECU	UENCE OF):  S 15  UENCE OF):  My  UENCE OF):	eloge	indi ndi	Om	e Leu	ke m	AUTOPSY RMEO?	24b. WE	Interval Between Onset and Death    wk     wk     3 yrs
MEDICAL	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OUE TO a contributing to	OR AS A CONSECU	UENCE OF):  S 15  UENCE OF):  My  UENCE OF):	eloge	indi ndi	Om	e Leu	KR MAS AN PERFO	AUTOPSY RMEO?	24b. WE	Interval Between Onset and Death    WK     WK     WK     Syrs     Syrs     CREATOPSY FINOINGS ANLABLE PRIOR TO MPLETION OF CAUSE OBATHS
MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions C. TOKE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  LEW OUE TO  A CONTRIBUTION TO	OR AS A CONSECUTION AS	UENCE OF):  My UENCE OF):  Muence Of):	enter the me	nd indi	COM S given in	Part I.	Le or reapi	AUTOPSY RMEO?	24b. WE	Interval Between Onset and Death    WK     WK     WK     Syrs     Syrs     CREATOPSY FINOINGS ANLABLE PRIOR TO MPLETION OF CAUSE OBATHS
MEDICAL	ahock, or heart failure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	DUE TO  LEW OUE TO  A CONTRIBUTION TO	ON IC  COR AS A CONSECUTION OF AS A CONSECUTIO	UENCE OF):  My UENCE OF):  UENCE OF):  DENCE OF):	enter the me	nd indi	COM S given in	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY AMEO?	24b. WE AM CO OF	Interval Between Onset and Death    WK     WK     WK     Syrs     Syrs     CREATOPSY FINOINGS ANLABLE PRIOR TO MPLETION OF CAUSE OBATHS
PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  TO THE STANDARD TO MEDICAL EXAMINER?  1 YES 27 NO  27. MANNER OF OEATH  Netural 5 Pending	DUE TO  A CONTRIBUTION TO THE PROPERTY OF THE	GRAS A CONSECUTION OF AS A	UENCE OF):  My UENCE OF):  Muence Of):	the underlying 28. F	nd indi	given in	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY RMEO?	24b. WE AM CO OF	Interval Between Onset and Death    WK     WK     WK     Syrs     Syrs     CREATOPSY FINOINGS ANLABLE PRIOR TO MPLETION OF CAUSE OBATHS
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions Cycoccup 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 27 NO 27. MANNER OF DEATH	DUE TO  LEW OUE TO  A CONTRIBUTION TO THE TO	GRAS A CONSECUTION OF AS A	UENCE OF):  S 15  UENCE OF):  UENCE OF):  Autiting in  DOA 4  28b. Time.	the underlying the Number of Number	PLACE OF INDUSTRY AT ORK?	given in	Part I.  Ball Other  281. LOC	24a. WAS AN PERFO! 1 YES 2	AUTOPSY RMEO?	24b. WE AM CO OF	Interval Between Onset and Death    WK   WK   Syrs   Sere Autopsy Findings All Able PRIOR TO MORPLETION OF CAUSE OEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  CERTIFYING PHYSIC	DUE TO DUE TO DUE TO OUE  con each line.  PYO TORY  (OR AS A CONSEOU  (OR AS A CONSEOU  (OR AS A CONSEOU  deeth but not re  MIG  ER/Outpetient 3 [  INJURY  lay, Year)  FINJURY — At hometic. (Specify)	UENCE OF):  S / S  UENCE OF):  UENCE OF):  DOA 4  28b. TIME 6  INJUE  The farm, streeth occurred	the underlying 28. FOTHER:   Nursing Horover, 1   1   1   1   1   1   1   1   1   1	PLACE OF I	given in  DEATH (Ch	Part I.  B Other  28t. LOC. City on to the cause	24a. WAS AN PERFO!  1 YES 2  (c)  T (Specify)  ATION (Street or Town, State, see(a) and ma	AUTOPSY RMEO?  AUTOPSY RMEO?  AND NO	24b. WE AM COOP 1 (	Interval Between Onset and Death    WK     W	
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)  CERTIFYING PHYSIC	DUE TO DUE TO OUE  con each line.  PYO TORY  (OR AS A CONSEOU  (OR AS A CONSEOU  (OR AS A CONSEOU  deeth but not re  MIG  ER/Outpetient 3 [  INJURY  lay, Year)  FINJURY — At hometic. (Specify)	UENCE OF):  S / S  UENCE OF):  UENCE OF):  DOA 4  28b. TIME 6  INJUE  The farm, streeth occurred	the underlying 28. FOTHER:   Nursing Horover, 1   1   1   1   1   1   1   1   1   1	PLACE OF I	given in  DEATH (Ch	Part I.  28d. OES  28t. LOC. City of time, data	24a. WAS AN PERFO!  1 YES 2  (c)  T (Specify)  ATION (Street or Town, State, see(a) and ma	AUTOPSY and Number or only on the control of the co	24b. WE AM CO OF 1 (	Interval Between Onset and Death    WK     W	
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO OUE  deeth but not re    Con as a consecution of the con	UENCE OF):  S / S  UENCE OF):  UENCE OF):  auiting in  DOA 4  28b. TIME ( INJUR  into accurred investigation,	the underlying the un	PLACE OF I	given in  DEATH (Ch  tasidence	Part I.  Ball Chy on to the cause time, data	24a. WAS AN PERFO!  1 YES 2  (c)  T (Specify)  ATION (Street or Town, State, see(a) and ma	AUTOPSY AMEO?  INJURY OCCUP  and Number or  nner as stated.  ind due to the company of the compa	24b. WE AM CO OF 1 (	Interval Between Onset and Death    WK     W	

Sino, Davidson Randelle



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician in the Full PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer flow with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

48

TARN

ОН

SEP 1 6 1991

TERRACE,

FROSTBURG,

21532

	FOR 1 - STATE	STATE OF N	MARYLAND /	DEPAR	TMENT	OF HE	ALTH	AND N	MENTAL HYGIEN		26	680	
The state of	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  DONALD V. CARPEL	NTER	CE	HIIF	ICATE	OF I	DEAI	Н	2. DATE OF DEATH DO 1		YEAR 91	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-20-5963	5. SEX	6. AGE (in yrs. last	AGE (In yrs. last birthday)  P YRS.  IF UNDER 1 YE.  MONTHS DA'			IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-29-1		8. BIRTHPLA Country)	ACE (State or Foreign	
DR.	9a. FACILITY NAME (If not institution, give s FROSTBURG COMMUN	ΙΤΔΙ	96. CITY, TOWN OR LOCATION OF FROSTBURG					<u> </u>			Н		
DIRECTOR	10a. STATE 10b. COUNTY	TIAL	10c. CITY, TOWN OR LOCATION			ON				104	d. INSIDE CITY LIMITS?		
FUNERAL D	100. STREET AND NUMBER  15 Frost Ave	gany			rost	ostburg 101. ZIP CODE 21532				10g. CITIZEN OF WHAT CON			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	_	S 2 NO			NDENT O	F NISPAN	NIC ORIGIN? (Specify Yea or No— 14. RA n, Puarto Rican, etc.)		14. RACE — Black, W Specify:	ACE — American Indian, lack, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DEC (Giv ille.	re kind of Do NOT u	WSUAL OC work done do se retired.)	uring most	of working	g	16b. KIND OF BU		DUSTRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)		0	wne	r-0p		16. MOTH		ME (First, Middle, Malden	Surname)	ng Co	•	
TO BE C	Paul M. Carpe		196				d Number	or Rural F	erine Wi	rn, State, Zip	Code)	Go.	
	Ruth Carpente  20a METNOD OF DISPOSITION 1 ABurial 2 Cremation 3 Ram		20b. PLACE of cemetary.	AND DAT	E DE OISPO	SITION /	Name		Prostburg	CATION -	City or Town	State	
	4 Donation 5 Other (Specify)	CENSEE	Fros	TOU	22. N	AME AND	ADDRES	SS OF FA	courty 57 R	rost	t Ave	•	
	23. Part I Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one cau	t caused the decise on each line.	En	not enter	he mod	le of dyl	ng, such	has cardiac or reap	Iratory ar	reat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CONSECUTION AS	LUENCE C	OF):	ti	th tec cfi	e ve	live Fulm	r La Di	EQ Gene	e	
PHYSICIAN: MEDICAL	PART II Oper significant condition	ns contributing to	death but not re		in the uni	dortying	elle.	eys		N AUTOPSY RMED? 2 ND	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 🗆 Nurs	1:			eck only one)  6  Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF	Day, Year)		M		ES 2	] NO	28d. DESCRIBE NOW				
ETED.	3 Suicide 6 Could not be datarmined	building	OF INJURY — At hor, etc. (Specify)						261. LOCATION (Street City or Town, State	)		e Numbel,	
COMPLETED	(Check only								to the cause(a) and ma			nd manner as stated.	
TO BE	29b. SKIPATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	Ulfr	IN SECONDENTINATES	1200	Drint)		29c LICI	ENSE NUI	1951	29d. DA	OPF	lonth, Day, Year) - 13. 9/	

DHMH-16 Rev 1/89

U 2 2 3 2 --- -- Flesher \_\_\_ Flesher -- --the hard of well the will be the man The series of th TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF

SEP 23 1991

REGISTRAR  DECEDENT'S NAME (First, Middle, La	mst)		ERTIFIC					REG. NO.		3. TIME OF OEA
BEATRICE B	ARTON	DeR	ERRY_				MONTH	20		91 10:45
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	-		7. DATE O			BIRTNPLACE (State or Fi
215-09-1389	1 M 2 F	75	YRS.	9b. CITY, TOW		MIN. ON OF OE	JUNE	26,19		MARYLAND Y OF OEATN
FREDERICK HEAL		NTER		FREDE	ERICK				FRE	EDERICK
10e. STATE 10b. COL				TOWN OR LOC	CATION					10d. INSIDE CIT LIMITS? 1 X YES 2
04. STREET AND NUMBER					101. ZIP CODE				10g. CITIZE	EN OF WHAT COUNTRY?
18 W. MAIN ST.			1.75		2178	88				S.A.
I1. MARITAL STATUS I Never Married 2 Merried 3 Widowed 4 XOlvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AF	RMED	If yes,	BECENDENT OF Specify Cubar (ES 2 NO	n, Maxica	n, Puerto R	' (Specify Yea or ican, etc.)	r No— 1	4. RACE — American Ind Black, White, atc. Specify: WHITE
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(0	ECEDENT'S US Give kind of wor a. Do NOT use i	SUAL OCCUPA ink done during retired.)	ATION most of working	g	16b.	KIND OF BUSIN	IESS/INDU	
_ 1 1	NI/A	"	LABOR	ER				SHOE_FA	астов	Y
7. FATHER'S NAME (First, Middle, Lest, HERBERT PI		GELL	113			ER'S NA	ME (First, M	iddle, Malden Su		
9a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	ODRESS (Street	et and Number	or Rural I		er, City or Town,		
		h c	7.7 3.6	TAT OF	0 000	TTO	ANTO T	m 0170	20	
DORIS DEBERRY (I	Removal from Stale	20b. PLACE	E ANO OATE C	of DISPOSITION Of their place)	ON (Name EMETER	Y	9/2		TION CI	ty or Town, Stata
20a. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3   1 4 Donation 5   Other (Specify)	Removal from Stale	20b. PLACE	E ANO OATE C	of DISPOSITION other place) RCH CE 22. NAME ROBER	ON (Name  EMETER  AND ADDRES  RT E . ]	Y SS OF FA	9/24 CILITY JEY &	THURN SON, I	MONT.	MD
20e. METHOD OF DISPOSITION  I M Buriel 2 Cremation 3 6  O Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. MART I. Enter the diseases,	Removal from Stale  E LICENSEE  or complications the	20b. PLACE of cometan APPLI	eath. Do no	of disposition other place) PRCH CE  22. NAME ROBER 615 E	ON (Name EMETER AND AGORES RT E. ] E. MAII	Y DAIL N ST	9/24 CILITY JEY &	20c. LOCA THURN SON, I	MONT.	MD 21788
20e. METHOD OF DISPOSITION  I M Buriel 2 Cremation 3 6  O Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. MART I. Enter the diseases,	Removal from Stale	20b. PLACE of cometan APPLI	eath. Do no	of disposition other place) PRCH CE  22. NAME ROBER 615 E	ON (Name EMETER AND AGORES RT E. ] E. MAII	Y DAIL N ST	9/24 CILITY JEY &	20c. LOCA THURN SON, I	MONT.	MD 21788
20e. METHOD OF DISPOSITION    X Burle  2   Cremation 3   16   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE  22. PART I. Enter the diseases, shock, or heert felle illimmediate Cause (Finel disease or condition	Removal from Stale  E LICENSEE  or complications the	20b. PLACE of cometan APPLI	eath. Do no	or disposition of the place) RCH CE  22. NAME ROBER 615 E of enter the se	ON (Name EMETER' AND ACCRES RT E. ] E. MAII mode of dyle	Y DAII N S'I ng, auc	9/24 CILITY EY &	SON, I	MONT.	MD 21788 st, Approximinterval E
206. METHOD OF DISPOSITION    X Burle  2   Cremation 3   16   Donation 5   Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  22. MART   Enter the diseases, shock, or heert felia	E LICENSEE  or complications the ure. List only one certain a.  DUE TO	20b. PLACE of cometan APPLI APPLI of caused the duse on each lin	eath. Do no	or DISPOSITION of the Police (Page 1) (	ON (Name  EMETER  AND ACCRES  RT E. ]  E. MAII  mode of dyl	Y SS OF FA DAIL N ST ng, auc	9/24 CILITY EY &	SON, I	MONT.	MD 21788 st, Approximinterval E
20. METHOD OF DISPOSITION    X Burlei   2   Cremation 3   1    X Burlei   2   Cremation 3   1    X Borlei   5   Other (Specify)    X SIGNATURE OF FUNERAL SERVICE    X SIGNATURE OF SURVIVE OF	or complications the	20b. PLACE of cometan APPLI	eath. Do no	or DISPOSITION of the Police (Page 1) (	ON (Name  EMETER  AND ACCRES  RT E. ]  E. MAII  mode of dyl	Y SS OF FA DAIL N ST ng, auc	9/24 CILITY EY &	SON, I	MONT.	MD 21788 st, Approximinterval E
20e. METHOD OF DISPOSITION    X Burle  2   Cremation 3   16   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE  22. PART I. Enter the diseases, shock, or heert felle illimmediate Cause (Finel disease or condition	or complications the Licensee  or complications the ure. List only one can be not completed to the complete to	at caused the duse on each lin	eath. Do no	or Disposition other place) PRCH CE  22. NAME ROBER 615 F of enter the i	ON (Name  EMETER  AND ACCRES  RT E. ]  E. MAII  mode of dyl	Y SS OF FA DAIL N ST ng, auc	9/24 CILITY EY &	SON, I	MONT.	MD 21788 st, Approximinterval E
20e. METHOD OF DISPOSITION    X Burlel 2   Cremation 3   1	or complications the Licensee  or complications the List only one certain the List only one certain the List only one certain the List only one certain the List only one certain the List only one certain the List only one certain the List on List	et caused the duse on each lin	eath. Do no e.  COUENCE OF):	or Disposition other place) PRCH CE  22. NAME ROBER 615 F of enter the second of the s	ON (Name EMETER' AND ADDRES RT E. ] E. MAII mode of dyl	Y SS OF FA DAII N ST ng, suc	OATE 9/2.	THURN SON, I	MONT.	MD) 21788 st, Approximinterval E Onset an
20a. METHOD OF DISPOSITION    X   Burlei   2   Cremation   3   1	or complications the ure. List only one certain b. DUE TO d	20b. PLACE of cometen APPLI APPLI APPLI OF CAUSE OF COME OF CO	eath. Do no e.  COUENCE OF):	or Disposition other place) PRCH CE  22. NAME ROBER 615 F of enter the second of the s	ON (Name EMETER' AND ADDRES RT E. ] E. MAII mode of dyl	Y SS OF FA DAII N ST ng, suc	OATE 9/2.	SON, I	MONT.  O.A.  C. MC  Monton arrelations  Monton	MD 21788 st, Approximinterval E
Republic Part of the Conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	or complications the ure. List only one certain b. DUE TO d	20b. PLACE of cometen APPLI APPLI APPLI OF CAUSE OF COME OF CO	eath. Do no e.  COUENCE OF):	or Disposition other place) PRCH CE  22. NAME ROBER 615 F of enter the second of the s	ON (Name EMETER' AND ADDRES RT E. ] E. MAII mode of dyl	Y SS OF FA DAII N ST ng, suc	OATE 9/2.	SON, FURMONT lec or reepira	MONT.  O.A.  C. MC  Monton arrelations  Monton	MD)  21788 st, Approximation interval E Onset and Approximation of the Authorst Approximation of
20. METHOD OF DISPOSITION    X   Burlel 2   Cremation 3   1     X   Burlel 2   Cremation 3   1     X   Donation 5   Other (Specify)     X   SIGNATURE OF FUNERAL SERVICE    X   ART   LENter the diseases, shock, or heert felicity     X   ART   LENTER   CAUSE (Finel disease or condition resulting in death)    X   Sequentielly lifet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST    PART   II. Other significent conditions     X   X   CASE REFERRED TO MEDICAL EXAMINER?	or complications the ure. List only one certain the put to be to b	20b. PLACE of cemetary APPLI A	eath. Do note.	or Disposition other place) PRCH CE 22. NAME ROBER 615 F or enter the reserved in the underly the underly 28.	ON (Name EMETER' ANO ACCRES RT E. ] E. MAII mode of dyl  ying cause g	Y SS OF FA DAIL N ST ng, suc	Part I.	20c. LOCA THURN SON, I HURMON lec or reepira  24a. WAS AN AN AN PERFORM 1   YES 2	MONT.  O.A.  C. MC  Monton arrelations  Monton	MD  21788 st, Approximation interval E Onset an Approximation of Death?
Sequentially list conditions, fram, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conducts the significant conducts of the sign	or complications the ure. List only one certain the ure and ure an	at caused the duse on each lin  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE	eath. Do note.  EQUENCE OF::  COUENCE OF::	or Disposition other place) PRCH CE  22. NAME ROBER 615 F of enter the interplace of the content	ON (Name EMETER' AND ADDRESS RT E. ] E. MAI] mode of dyl  ying cause g	Y SS OF FA DAIL N ST ng, suc	Part I.	20c. LOCA THURN SON, I HURMON lec or reepira  24a. WAS AN AN AN PERFORM 1   YES 2	MONT.  O.A.  C. M.  P. M.  Introper arrese	21788 st, Approximation interval E Onset an Onse
20. METHOD OF DISPOSITION   Method of Cremetton   Method of Cremet	or complications the ure. List only one certain the ure and	20b. PLACE of cometany APPLI A	eath. Do note.  eath. Do note.  EQUENCE OF:  FOUENCE OF:  FOUENCE OF:  FOUENCE OF:	or Disposition other place) PRCH CE 22. NAME ROBER 615 F of enter the second of the underly the underly  28. OTHER:	ON (Name EMETER' ANO ACCRES RT E. ] E. MAII mode of dyl  ying cause g	Y SS OF FA DAIL N ST ng, suc	Part I.	24a. WAS AN AN PERFORM 1 YES 2 (Specify)	MONT.  O.A.  C. M.  Printery arreservations  UTOPSY  LED?	21788 st, Approximation interval E Onset an Onse

300

Sula Laurason-Handara

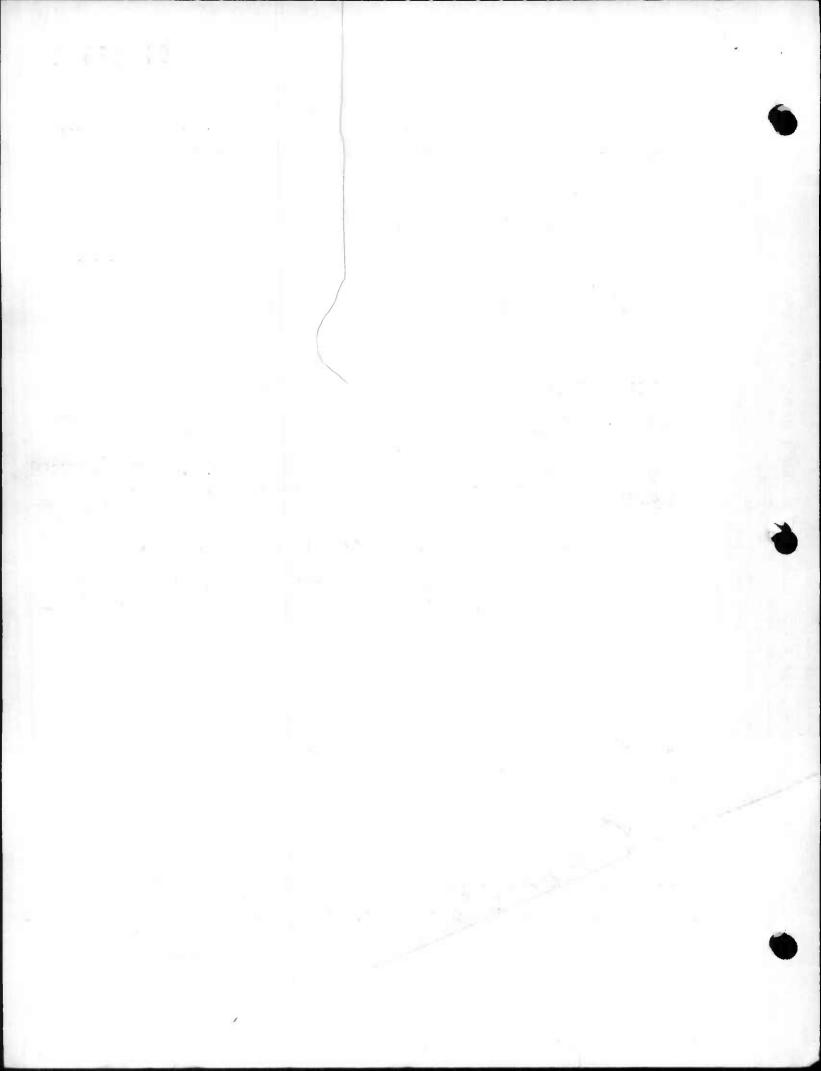
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 22 can't after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECT

REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	CATE OF DEATH	REG. NO.		3. TIME OF DEATH
FRANK	EDWARD	DEVILE	BISS	MONTH Sep. 17	, 199 <b>1</b> <sup>AR</sup>	3. TIME OF BEATH
215-26-1813	s. sex 6. age		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	e. BIRT	THPLACE (State or Foreign ARYLAND
PACILITY NAME (If not institution, give s 9831 PARSONAGE		8	NEW WINDSOF		9c. COUNTY OF FRED	ERICK
e. STATE 10b. COUNT	REDERICK	10c. CITY	WWINDSOR		)	10d. INSIDE CHY LIMITSW
* STORES AND PARTSONAGE	LANE		10f. ZIP CODE	21776	10g. CITIZEN OF	WHAT SOUNTRY?
MARITAL STATUS married  Never Married 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE MAR OR D	2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuban, Mexi 1  YES 2 NO Spe	can Puerto Rican, atc.)	Ble	CE — American indian, ock, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use to LABORE	rk done during most of working retired.)	16b. KIND OF BUS	NSTRUCT	TON
FATHER'S NAME (First, Middle, Last) MAURICE DEVILBI	ISS			STELLA LOWM		
a. INFORMANT'S NAME (Type/Print) MIRIAM L. DEVII	LBISS		PARSONAGE LANE			MD 21776
a. METHOD OF DISPOSITION  Burial 2 Cremation 3 Rem  Donation 8 Other (Specify)	SURIAL 20 oval from State	b. PLACE OF DISPOSITE	ORE CEMETERY	20c. LOC	UNIONVI	
SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	22. NAME AND ADDRESS OF	FACILITY D.	HART'Z	LER & SONS
atherine (	). Lary	les	NEV	WINDSOR, M	ID 2177	76
ahock, or heart failure.  MEDIATE CAUSE (Final lease or condition	complications that duse List only one cause on a.	each line. Cardia	NEV	WINDSOR, M	ID 2177	Approximata Interval Between
ahock, or heart failure.  AMEDIATE CAUSE (Final lease or condition southing in death)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events	a.  DUE TO (OR AS  DUE TO (OR AS	each line. Cardia	NEV	WINDSOR, M	ID 2177	Approximata Interval Between
ahock, or heart failure.  MEDIATE CAUSE (Final leases or condition resulting in death)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	ner t enter the mode of dying, e  c arrhy time Can  COPD	WINDSOR, Much as cardiac or reapi	AUTOPSY MED?	Approximata interval Between Onset and Das O
ahock, or heart failure.  AMEDIATE CAUSE (Final lease or condition senting in death)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST  ART II. Other significant conditions.	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.	A CONSEQUENCE OF:	t enter the mode of dying, and a Conclusion	IN WINDSOR, M.  School as cardiac or reaple  Chronia  Chr	AUTOPSY MED?	Approximata interval Between Onset and Das USA Approximata interval Between Onset and Das USA Approximation of Competition of
ahock, or heart failure.  AMEDIATE CAUSE (Final lesses or condition senting in death)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events osulting in death) LAST  ARTT II. Other significant conditions.  WAS CASE REFERRED TO MEDICAL EXAMINAR?  1 10 12 2 100	B. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	t enter the mode of dying, and a complete the mode of dying, and a complete the complete the complete the complete the underlying cause given the underlying	IN WINDSOR, M.  Check only one)	autopsy Med?	Approximata interval Betwee Onset and Das   4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MMEDIATE CAUSE (Final lease or condition reulting in death)  equentially list conditions, any, leading to immediate sure. Enter UNDERLYING AUSE (Disease or Injury hat initiated events resulting in death) LAST  ART II. Other significant conditions.  WAS CASE REFERRED TO MEDICAL EXAMINARY?  1 1 1 2 2 1 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetiant 3 □ DOA □  28b. Time INJU	t enter the mode of dying, and the control of the c	In Part I. 24a. WAS AN PERFOR 1 YES 2  Check only one)  28d. DESCRIBE HOW II	AUTOPSY MED?  NJURY OCCURED	Approximate interval Betwee Onset and Daa On
ahock, or heart failure.  AMEDIATE CAUSE (Final lease or condition soulting in death)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events soulting in death) LAST  ART II. Other significant condition  ART II. Other significant condition  EXAMINAR?  1 1 1 2 2 1 10  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetiant 3 □ DOA □  28b. Time INJU	t enter the mode of dying, and the control of the c	In Part I. 24a. WAS AN PERFOR 1 YES 2  Check only one) 28d. DESCRIBE HOW II	AUTOPSY MED?  NJURY OCCURED	Approximata interval Betwee Onset and Das On
ahock, or heart failure.  AMEDIATE CAUSE (Final lease or condition health)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury heat initiated events equiting in death) LAST  ART II. Other significant condition  ART II. Other significant condition  MANNER OF DEATH  Matural 5 Pending investigation  Manner OF DEATH  Matural 5 Pending investigation  Suicide 8 Could not be detarmined  Death Condition  Check only  MERTIFYING PHYS	BUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tpetiant 3 DOA  28b. TIME INJUI  IY — At home, term, streediy)	t enter the mode of dying, and the control of the c	In Part I. 24a. WAS AN PERFOR 1 YES 2  Check only one)  a 8   Other (Specify)  281. LOCATION (Street a City or Town, State)	AUTOPSY MED?  NJURY OCCURED  and Number or Rura	Approximata interval Betwee Onset and Das On
ahock, or heart failure.  MMEDIATE CAUSE (Final isease or condition beauting in death)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  ART II. Other significant conditions.  WAS CASE REFERRED TO MEDICAL EXAMINARY?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tpetiant 3 DOA  28b. TIME INJUI  IY — At home, term, streediy)	t enter the mode of dying, and the time, date and place, and that the time, date and place, and the control of	In Part I. 24a. WAS AN PERFOR 1 YES 2  Check only one)  a 8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street and place) and market time, date and place, and the time, the time time, the time time, the time time time, the time time time time time, the time time time time time time time.	AUTOPSY MED?  AUTOPSY MED?  AND PART OCCURED and Number or Rura of the cause of the	Approximata interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset

DHMH-18 Ray 1/89

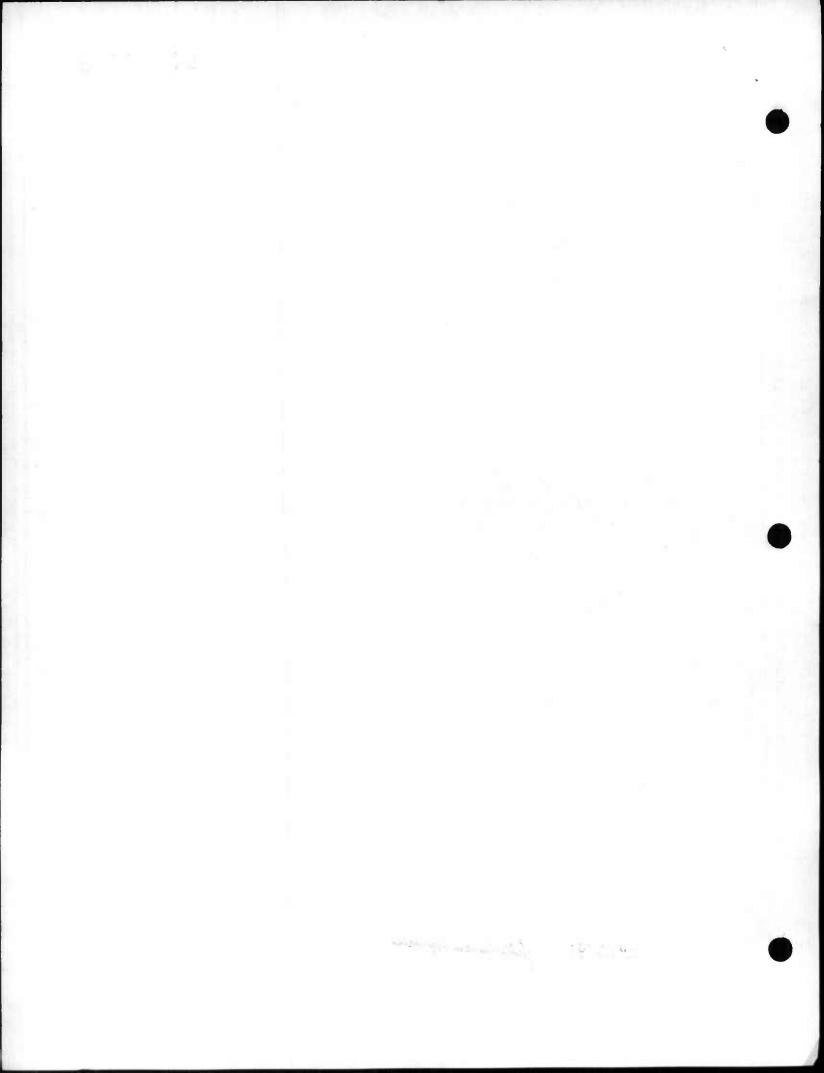


2		
detached		once.
e		at a
Should a	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e		60
g		10
Jirector.		r mus
TUNETAL		xamine
9	Mal	10
6	E	Sici
=	0 10	ě
9	on,	he
ery	nati	1,
andu	Crer	ven
5	la.	63
2	P	Ħ
5	0	E
SICIA	prior	E
5	alle u	her
2	ygie	5
2	H	0
9	вита	2
T N	M	E
5	and	M
5	att.	6
7	H	X
201	6	Sh
193	Dept	23
מוני	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	Item
in i	36	-0
200	4	·
THE P	h wil	arke

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECT

FOR 1 - STATE REGISTRAR		STATE OF I					EALTH AND	MENT		IE	101	003
1. DECEDENT'S NAME (First Pear L D	ickei	. 0	EARL	CERTIFIC ELNOR	CATE		DEATH	2. DAT		AY	YEAR 91	3. TIME OF OEATH
4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER 1	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
579-34-9543		1 🗆 M 2 🔀 F	63	YRS.				SEF	T. 5,	1928		IARYLAND
So MA			- 7 5				OR LOCATION OF	DEATH		9c. COUN		
RESIDENCE OF DEC		טור ענ	करता पर	2	CX	127	ON			PAI	NCC	= Gran Gas
10e. STATE	10b. COUNT			10c. CITY,	TOWN OF	R LOCAT	TION					10d. INSIDE CITY
MARYLAND		MARY'S		PIN	EY F	OIN	T .					1 TES 2 NO
10e. STREET AND NUMBER						101	I. ZIP CODE					VHAT COUNTRY?
P.O. BOX 23	2	12. WAS DECEDEN	T EVED IN HE	1. Page 19	1 40 11		20674				J.S.	
1 Never Merried 2		FORCES? 1	YES 2	NO	11	yes, sp	ENDENT OF HISP	can, Puarte	ilN? (Specify Yes o Rican, etc.)	or No-		American Indian, c, White, stc.
3 ₩ Widowed 4 □ Divo	orced	IF TES, GIVE H	AH OH DATES		,	☐ YES	2 № NO Spec	ify:			Special BLA	
15. OEC (Specify onl	EDENT'S EOL	UCATION le completed)	18a	Give kind of wor	ork done di	CUPATIO	ON	16	66. KIND OF BUS	SINESS/INDI		.K
Elementary/Secondary (0	D-12)	College (1-4 or 5 +	+)	me. Do NOT use i	retired.)		St or working		11.00			
10TH GRADE				HOUSE	WIFE	2			HOM	Œ		
	RON	BROWN					LILL	IE I	, Middle, Maiden HENDNIC	KK		
190. INFORMANT'S NAME (7) DONNA M. GI							and Number or Rura					
200, METHOD OF DISPOSITI			Lean en				, PINEY					0674
1 XBurial 2 Crematio	n 3 🗆 Rem	noval from State	cemetery.	CEAND DATE OF COMMENT	place)			1		CATION - C		
21. SIGNATURE OF FUNERAL		CENSEE ,	121.	TOKE 2	22. N	AME AN	O ADDRESS OF E	ACIL ITY				ISLAND, MD.
52.0	.0	14	1)		MAT	TIN	GLEY-GA OX 270,	RDIN				
IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immediate, any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injurthat Initiated events resulting in death) LAST	iona, dieta NG	b	(OR AS A CON	Pulmo ISEQUENCE OF): ISEQUENCE OF):		ry	Embo	183	ASIDY			Interval Between Onast and Death
PART II. Other significant	upus	na contributing to		ot resulting in	tha und	eriying	causa givan in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO						28. PL	ACE OF DEATH (CI	tack anh c				1 YES 2 NO
1 YES 2 THO		HOSPITAL:	ER/Outpetland		OTHER:		5 Residence					
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME C	OF 2	8c. INJU	JRY AT	_	SCRIBE HOW IN	JURY OCCI	PRED	
	Pending investigation	(Month, Da	y, Year)	INJUR		WOF	RK?	3,911			77.00	
3 Suicide	Could not be determined	28a. PLACE OF building,	F INJURY — AI alc. (Specify)	home, farm, atre	et, factor	y, office		28f. LOI City	CATION (Street e. y or Town, State)	nd Number o	r Rural Ac	oute Number,
Check only one) 2 MEDIC	CAL EXAMINE	ICIAN: To the best of su	ny knowledge, agginytion and	death occurred r	at the tim	e, date i	and place, and dur	io the ca	iuse(s) and man	ner as stated	d. cause(s)	and menner ea stated.
290. SIGNATURE AND TITLE			1				29c. LICENSE NU					(Month, Day, Year)
Char	vals	12#	ay e				2563	- marin		1 9	12:	3/91
30. NAME AND AGORESS OF	913	31 tiscat	awa	4 16	int)	Cu	nton	V	ud,			1/
31. DATE FILEO (Month, Day, N. SEP 25		32. REGISTRAF	S SIGNATURE	jandale								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	(! 91	-5317	-001									1	201	9 8 4
	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMEN	T OF H	HEALTH DEAT	AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First	st, Middle, Last)								2. DAT	E OF OEATH			3. TIME OF DEATH
	JOHN		W.		D	ICH	IERA	A		Men	TH 10	4 1	991	3.15 a M
	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			4
	216-74-96	615	1X M 2 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	ADT	11 29	196	Country	Md.
	9a. FACILITY NAME (If not institution, give s		street and number)			9h CIT	Y TOWN (	OR LOCATION	ON OF O	1 -	11 47		NTY OF OE	
DIRECTOR	MEMORIAL	ITAL					RLAN		LAIN			EGAN		
2	10e. STATE	egany 100			Y. TOWN	OR LOCAT	TION						10d. INSIDE CITY	
1 1 1	Md					erl						- 1	LIMITS?	
	10e, STREET AND NUMBER		eguny					_					1 YES 2 NO	
FUNERAL	- Carlotte Carlotte		razier	Villag	e		101	2 1	502	2			US	HAT COUNTRY?
5	11. MARITAL STATUS	Andrew .	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13	. WAS DEC	ENDENT O	F HISPA	NIC ORIGI	N? (Specify Yes	or No-	14, RACE	- American Indian, White, etc.
В	1 Never Merried 2 X 3 Wildowed 4 Div		IF YES, GIVE W	YES 2 THE	NO		Il yes, sp	ecity Cubs	n, Mexica	in, Puerto	Ricen, etc.)			White, etc.
ED	15. DE	CEDENT'S EDU	ICATION	16a. DE	CEDENT'S	USUAL (	OCCUPATION	ON .		16	b. KIND OF BUS	INESS/IND		
ET	(Specify or Elementary/Secondary (	ly highest grade	College (1-4 or 5	(G	ive kind of v	vork done	during mo	st of working	g	"	D. KIND OF BU	3114E33/114D	USTRI	
COMPLET	12	,0.12/	Conege (I-4 or 5 t	"	N	one					None	2		
O	17. FATHER'S NAME (First, I	Middle, Last)			IV	One	_	10 MOTI	JED'C NA	ME (E)	Middle, Maiden			
	Th	Omae	V. McGu	iro								,		
BE	19e. INFORMANT'S NAME (		v. ricgu		D MAII INO	100000	0.00				Dich:			
0			iChiera	19										560
									wes		nport			
	20e. METHOD OF DISPOSIT	on 3 🗆 Tem	ioval from State	cemetery, cre						DA.			City or Tow	
- 0	4 Donetion 5 DONA 21. SIGNATURE OF DOCES		A				Phi							nport, Md
	at signature of page	AL SEMPLE LI	CEMPLE			22	NAME AN	D ADDRES	SS OF FA	DIC.	k Fune	ral	Hom	10
	P 1 1 1/3	WI	De so	/										rt,Md.
	23. PART I. Enter the	diseases, or	complications the	t caused the de	ath Do n	ot ente	r the mo	do of du	na au	CII i	dia ar	ste.	rnpo	
	shock, or r	reart reliure.	Liet only one cau	se on each line	).	or orna	. 110 1110	de or dyr	ng, auc	ii aa car	ulec or reapi	ratory arr	eat,	Approximata interval Between
	iMMEDIATE CAUSE (Fi disease or condition	nai	()	0	1			0	-0		0_			Onset and Death
	resulting in death)	<b>→</b>	a. 1 115 m	OR AS A CONSE	Ma	un	25	5	CX	ES	1			
			- DOE 10	(UH AS A CONSEC	DUENCE OF	-):	<	( )						
CERTIFICATION	Sequentially list condi-		b	OR AC A CONDE										
A	if any, leading to imma cause. Enter UNDERLY		502 10	(OR AS A CONSE	DUENCE OF	1):								
일	CAUSE (Diseese or Inju		DUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events reaulting in death) LAS	ST	DOE 10	(OH AS A CONSEC	DUENCE OF	):								
5			d											
	PART II. Other aignific	ant condition	ns contributing to	death but not r	eauitino i	n the u	nderiving	COURA C	iven in	Part i	24a. WAS AN	ALITOREY	045.1	WERE ALTERDAY FRANCISCO
MEDICAL											PERFOR		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
											1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													1	YES 2   NO
Z														
5	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF DI	EATH (Ch	eck only o	ne)			
YSI	XXVES 2   NO		1 ☐ Inpetient 2X	ER/Outpatient 3	□ DOA	OTHE		e 5 □ Re:	sidence	a 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIME	BRY	28c. INJ			28d. DE	SCRIBE HOW II	JURY OCC	URED	
ВУ							JECT	SHOT						
- 0	3 Suicide a	Could not be	28s. PLACE Of building.	F INJURY — At ho	me, Jerm, s	treet, lac	tory, office	•		28f. LOC	CATION (Street e	nd Number	or Rural Ro	ute Number,
1	4 Homicide	determined		H	OME					1 2 1	or Town, State)			R VILLAGE
COMPLETED	29e. CERTIFIER	TIFYING PHYS	CIAN: To the best of	my knowledge de	ath eco-	d as she	time det	and at	and it	101				· ATTITUDE
M	(Check only one) 2 MED	ICAL EXAMINE	R: On the basis of a	emination and/or i	nvestication	u at the	oninion d	and place,	end due	to the ca	use(s) and men	ner es atate	id,	end menner as stated.
2					yeu	., my	opinion, de	eath occur	ed at 100	time, date	end placa, an	due to the	) cause(s)	end menner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	1				I	29c. LICE	NSE NU	ABER		29d. DATE	SIGNED (	Month, Day, Year)
0	1 W	0)	Xu -					0 0	M	E		▶9-	14-1	1991
_ "	30. NAME AND ADDRESS O	E DEDSON WH	O COMPLETED CALL	E OF DEATH STEE	4 mm		-							

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N

21201

PENN STREET BALTIMORE, MARYLAND

U serve

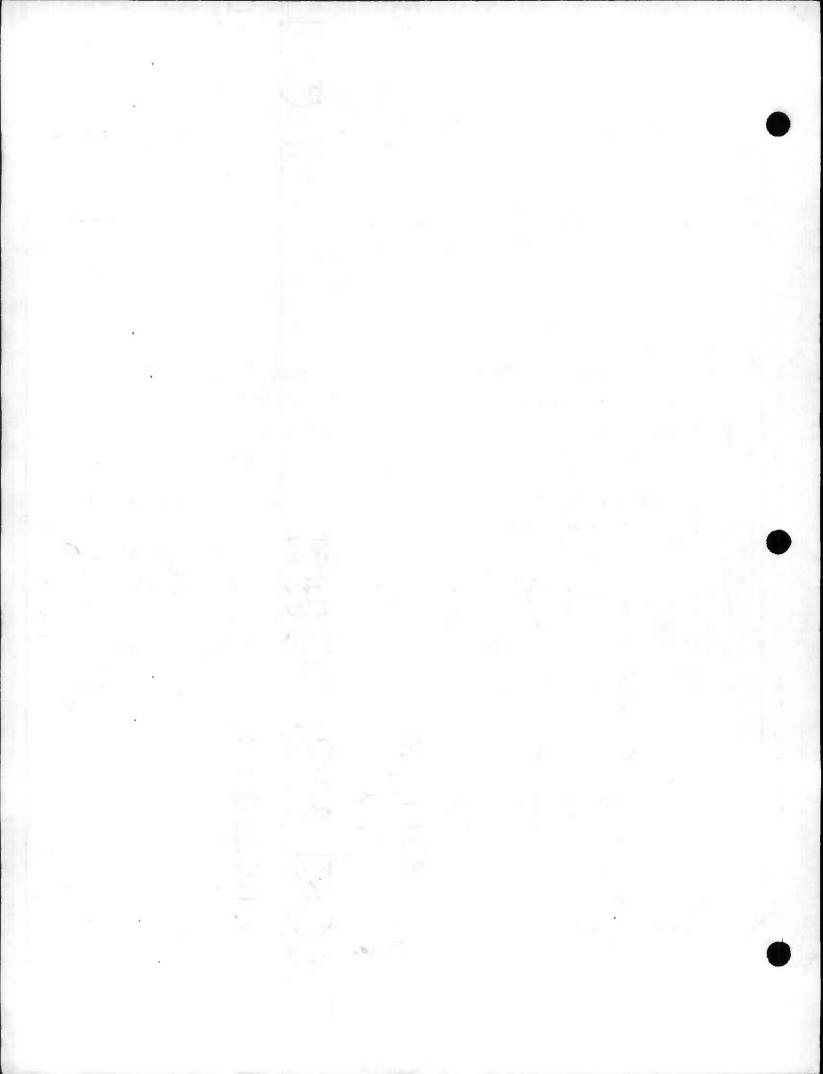
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First, Middle, Lest)  CALVIN  4. SOCIAL SECURITY NUMBER  233-34-5421  90. FACILITY NAME (If not institution, give)  Memorial Hospital  RESIDENCE OF DECEDENT  100. STATE 10b. COUNT  MD Allega  100. STREET AND NUMBER  ROUTE 1 BOX 31	KXX M 2 D F 66  street and number)  & Medical	E (In yrs. last birthdey) YRS.	D( IF UNDER 1 YEAR MONTHS DAYS	DLAN  IF UNDER 24 HRS.	2. DATE OF DEATH SEPTEMBE					
233-34-5421 90. FACILITY NAME (# not institution, give) Memorial Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNT MD Allega 100. STREET AND NUMBER	KXX M 2 D F 66  street and number)  & Medical				7. DATE OF BIRTH					
Memorial Hospital RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MD Allega 10c. STREET AND NUMBER	L & Medical			HOURS MIN.	11-11-19	24	BIRTHPLACE (State or Foreign			
MD Allega 100. STREET AND NUMBER	· ·	Center	St. CITY, TOWN Cumber:	or Location of DE	ATH	9c. COUNTY Alle				
			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES AND NO			
	ND NUMBER 101, ZIP CODE					10g. CITIZEN USA	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried  XX Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? YES	DATES	If yes, s	CENDENT OF HISPAN Decity Cuben, Mexical B 2 1 NO Specify		18 or No- 14	RACE — American Indian, Black, White, atc.			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			usual occupation of done during me retired.) ters he	osl of working		B & O Railroad				
17. FATHER'S NAME (First, Middle, Last) Alex Dolan	18. MOTHER'S NAME (First, Middle, Melden Katherine Shryo						ck			
Mr. Calvin Dolar	n, Jr.	Route	ADDRESS (Street  1 Box 1	end Number or Rural F 55 Oldtov	Number, City or Town, MD 215	wn, State, Zip Co 55	ide)			
T □ Buriel 2 □ Cremetion 3 □ Rer 1 □ Donation 6 □ Other (Specify)	noval from State	Ob. PLACE AND DATE DavisorMem	OF DISPOSITION OF DISPOSITION	emetery	9-23 Cum	ocation — cin berlan	y or Town, State			
21. SIGNATURE OF FUNERAL SERVICE L	Mcoup.	U		pellis fur erland, M	ieral Home ID 21502					
23. PART I. Enter the diseases, or shock, or heert feiture. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. Cor o	aach iina.	Spri			onetory arrea	t, Approximate interval Betwee Onset and Dec			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF		· Of 1	my.					
PART II. Other algnificant condition	ona contributing to death	but not resulting is	n tha undarlyii	ng ceuse given in		N AUTOPSY DRMED? 2 PAO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpetient 2 DOA	OTHER:	PLACE OF DEATH (Ch						
27. MANNER OF DEATH 1 Hatural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	Y 26b. TIME	E OF 26c. IN	JURY AT ORK? YES 2 NO	28d, DE\$CRIBE HOW	INJURY OCCU	RED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e, PLACE OF INJU	RY — At home, farm, a pec/fy)	treet, factory, off	ice	26f. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,			
torison only	SICIAN: To the best of my kn						cause(s) and menner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFI	ER OU			29c. LICENSE NUI D23371	MBER	29d. DATE S	20/9			
	THO COMPLETED CAUSE OF			1						

	ď.	450
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hand within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

20 '91

	FOR 1 _ STATE	STATE OF N	IARYLAND /						MENTAL I	HYGIENI	E			
	1. DECEDENT'S NAME (E/st, Middle, Last)	<b>KATHERIN</b> Katherin	E M. EN	GLIS Sb	H /	Sh	DEAT	ГН	2. DATE OF	DEATH DA	9 9	YEAR 9	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birts			"				7. DATE OF			LACE (State or Foreign		
	220-05-2959	1 M 2 🔀 F	78	YAS.	MONTHS	DAYS	HOURS	MIN.	11/1	3/191	12	MA	RYLAND	
	9a. FACILITY NAME (If not institution, give a				9b. CITY		R LOCATI		EATH		9c. COUNT			
DIRECTOR	DORCHESTER GENERA	AL HOSPIT	AL			CAMI	BRIDG	E			DOF	CHES	STER	
2	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					1	10d. INSIDE CITY	
	MARYLAND DOI		CAN	BRI	OGE						YES 2 NO			
LONGLAN	10e. STREET AND NUMBER	THE				101	ZIP COD	E			10g. CITIZ	EN OF W	IAT COUNTRY?	
	202 METEOR AVENUE						216					U.S.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W		RMED NO		If yes, sp		in, Maxica	fy:			Specify	RACE — American Indian, Black, Whita, etc. Specify: VHITE/CAUC.	
3	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON set of working	ng	16b. K	ND OF BUS	INESS/INDU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8	)	ilve kind of Do NOT u			St Of WORK	ny .						
	10th		S	UPER'	VISOF	1					MAU1	FACT	JRING	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid					
N N	CHARLES W. LORD, SR.							IETT F				_		
2	19a. INFORMANT'S NAME (Type/Print)  MRS . KAY M . SHAW	PNI											1814	
			20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State											
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		of cemetary SALIS		cr other i	IATOI		SS OF FA	9770	SAI	LISBU			
	Joseph Kox	ray Bo	mue	el		CURRA 308 I	AN FU	JNER.	AL HOM	RIDGI			1613	
ERIIFICATION	23. PART L Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Rese Rese Augustian	etion al	don't	ingl M M M Mios	aort ma lorti na/	osis	leur LC	ysm /	Meu Meu Meu Lês		er, EM	Approximate interval Between Onset and Detail Detai	
THE SIGNAL MEDICAL O	PART II. Other algnificant condition	ontributing to death but not resulting in the underlying cause given in Part					n Part I. 24a. NAS AN AUTOPSY PERFORMEO?		8	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	DEATH (C	heck only one)					
	1 TES 2 HO	HOSPITAL:	ER/Outpetient	3 🗆 DOA	4 Nu		ne 5 🗆 R	esidence	8 🗆 Other (	Specify)				
3	27. MANNER OF DEATH  1 Netural 5 Pending	INJURY Pay, Year)	28b. Til	JURY	WC				d. DESCRIBE HOW INJURY OCCURED					
ED DI	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE ( building	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)				YES 2 NO Rice 281. LOCATION (S. City or Town, S.				treet and Number or Rural Route Number, State)			
BE COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN  20b. SIGNATORE AND TITLE OF CERTIFIE	ER: On the basis of a					death occu		e time, data a		nd due to the	cause(s)	and manner as stated	



1	8
гетома	edicai
9	E
cremation,	vent, the
r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any Injury, or other traumatic event, the medical e
Hygiene	r other
Mental	njury, o
th and	any I
of Heal	shows
Dept	23
State	Hem
the	5
h with	is marked,
deat	E
· Name	D-Street,

GEORGE

31. DATE FILED (Month, Day, Year)

С.

'91

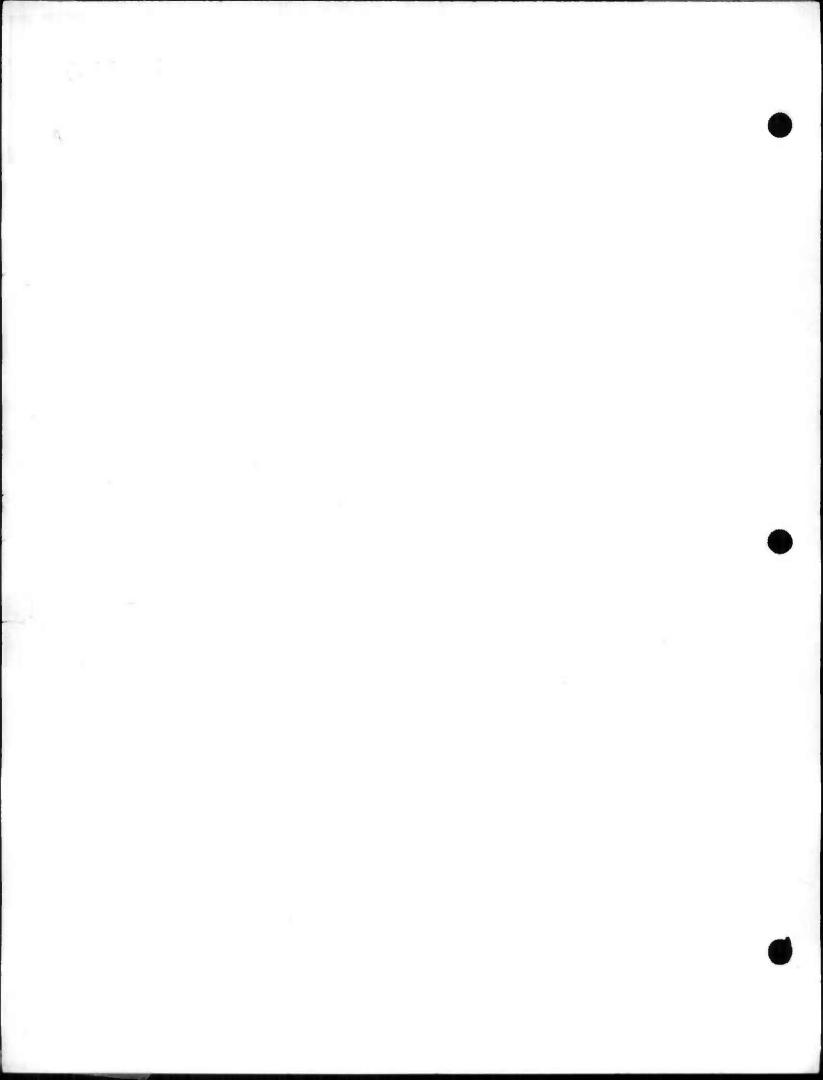
					91	26681		
FOR 1 - STATE	STATE OF MARYLAND		OF HEALTH AND I		E			
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICATE	OF DEATH	REG. NO.		3. TIME OF DEATH		
55.	N ENGLAND			SEPTEMBER				
	5. SEX 6. AGE (In yrs. lac	st birthday) IF UNDER		7. DATE OF BIRTH		THPLACE (State or Foruga		
214-14-7614	Y□ M 2 □ F 62	YRS. MONTHS	DAYS HOURS MIN.	JAN 8, 192	9 NOR	TH CAROLINA		
9a. FACILITY NAME (If not institution, give street			TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH		
WASHINGTON COU	NTY HOSPITAL	. HAC	GERSTOWN		WASH	INGTON		
RESIDENCE OF DECEDENT  100, STATE  100, COUNTY		10c, CITY, TOWN O	R LOCATION			10d. INSIDE CITY		
MARYLAND WAS	HINGTON	HAGERS	TOWN		LIMITS?			
10e. STREET AND NUMBER	ITINGTON	I HAGENS	101, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
823 FOREST DRI	VE		21740		U.S.			
	12. WAS DECEDENT EVER IN U.S. AI	RMED 13. V	AS DECENDENT OF HISPAN		or No- 14, R/	ACE — American Indian,		
1 Never Married 2 Merried	FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES		yes, specify Cuban, Maxica  YES 21/2 NO Specify			ack, White, etc.		
3 Widowed 4 Divorced		Charles .				WHITE		
15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted) (C	ECEDENT'S USUAL OC		16b. KIND OF BUS	SINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	s. Do NOT use retired.)						
12	6 VIC	E PRESIC	ENT	HEATING	& AIR C	ONDITIONING		
17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden				
HORACE		ENGLAND	MARG	ARET	A î	TKINS		
19a. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural I					
SUNNY C. ENGL	AND 8	23 FORES	ST DRIVE,	HAGERSTO	NN, MAR'	YLAND 21740		
20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Remov	20b. PLACE	OF DISPOSITION (National)	me of cemetery, crematory or	20c, LO	CATION — City or	Town, State		
4 Donation 6 Other (Specify)	SMIT	HSBURG C	REMATORIU	M9-19-9	1 SMITH	SBURG, WASH.M		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22.1	NAME AND ADDRESS OF FA	CILITY		HOME, INC.		
> R. hoel	Braden					OWN, MD. 217		
23. PART I. Entar the diseases, or co	mplications that orused the d					Approximate		
shock, or heart failure. Li	st Dnly Dna cause on each lin					Interval Between Onset end Death		
IMMEDIATE CAUSE (Final disease or condition	Cardinal					Oliset ella Dazili		
resulting in death) a.	Cardiopuln DUE TO (OR AS A CONSE	MONATY	arres					
	Mr < 1 49.	clion				i		
Sequentially list conditions, b.	DUE TO (OR AS A CONSE					1		
If any, leading to immediate cause. Enter UNDERLYING								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):						
resulting in death) LAST								
0.								
PART II. Other algnificant conditions			darlying cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
aspiration	pneumo	onia		1 _ YES :	2 □ NO	OF DEATH?		
				_	1	1   YES 2   NO		
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Ch	neck only one)				
	HOSPITAL: Inpatient 2 - ER/Outpatient	3 DOA 4 Num	R: sing Home 5 ☐ Rasidenca	8 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DEŞCRIBE HOW	NJURY OCCURED			
Natural 5 Pending	(MORRI, Day, rear)	M	1 YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — At I	nome, ferm, street, fect	ory, offica	28f. LOCATION (Street and Number or Rural Route Number,				
4 Homicide determined	building, atc. (Specify)			City or Town, State)				
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, o	fasth occurred at the t	Ime data and place and do	to the cause(s) and ma	nner se stated			
COMBON OFFI	: On the basis of examination and/or					se(a) and manner as stated		
	1							
286. BIONATUME AND TITLE OF CERTIFIER	-	- 110	296 LICENSE NU	MBER C Q 1	29d, DATE SIGN	NED (Month, Day, Year)		
Jeo ge //	www.	1-1.0.1	יוע אויו.	7 11				
WHICH AND ADDRESS OF PERSON WHO	CUMPLETED CAUSE OF DEATH /IT	EM 27) (Type, Print)						

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NEWMAN II1799 HOWELL ROAD, HAGERSTOWN,

Julia Dandson Randell

MARYLAND 21740

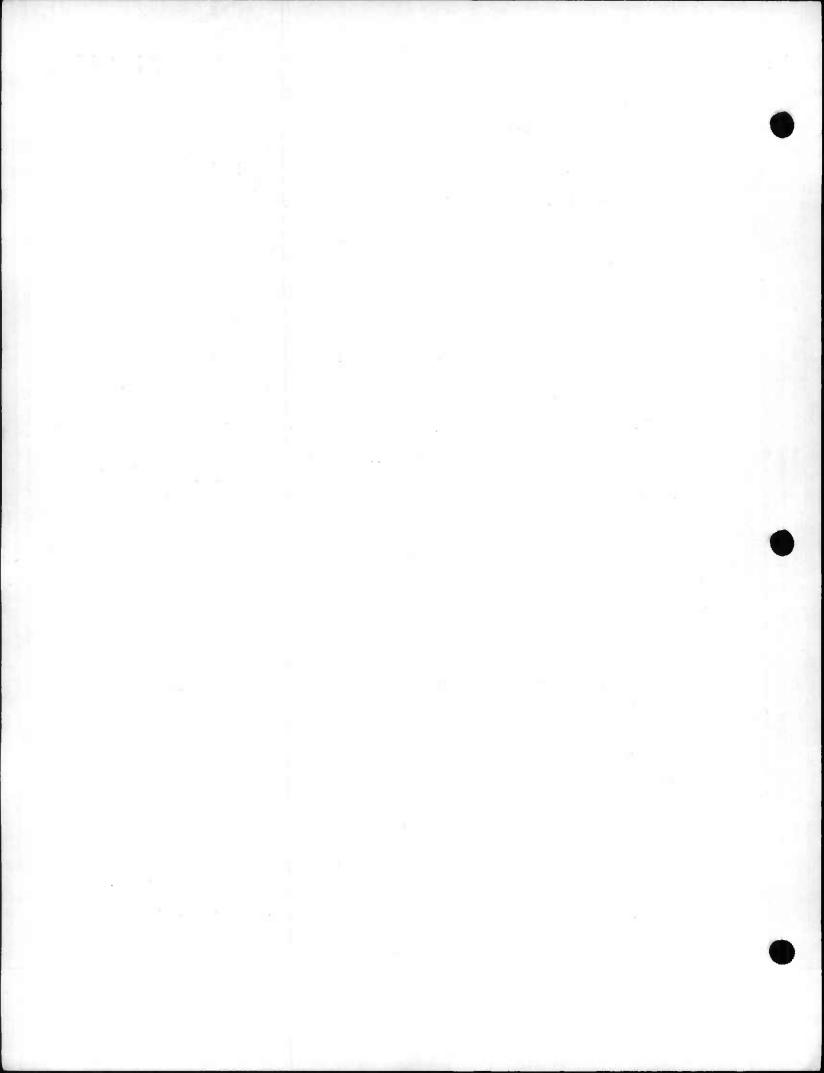


TO BE COMPLETED BY FUNERAL DIRECTOR

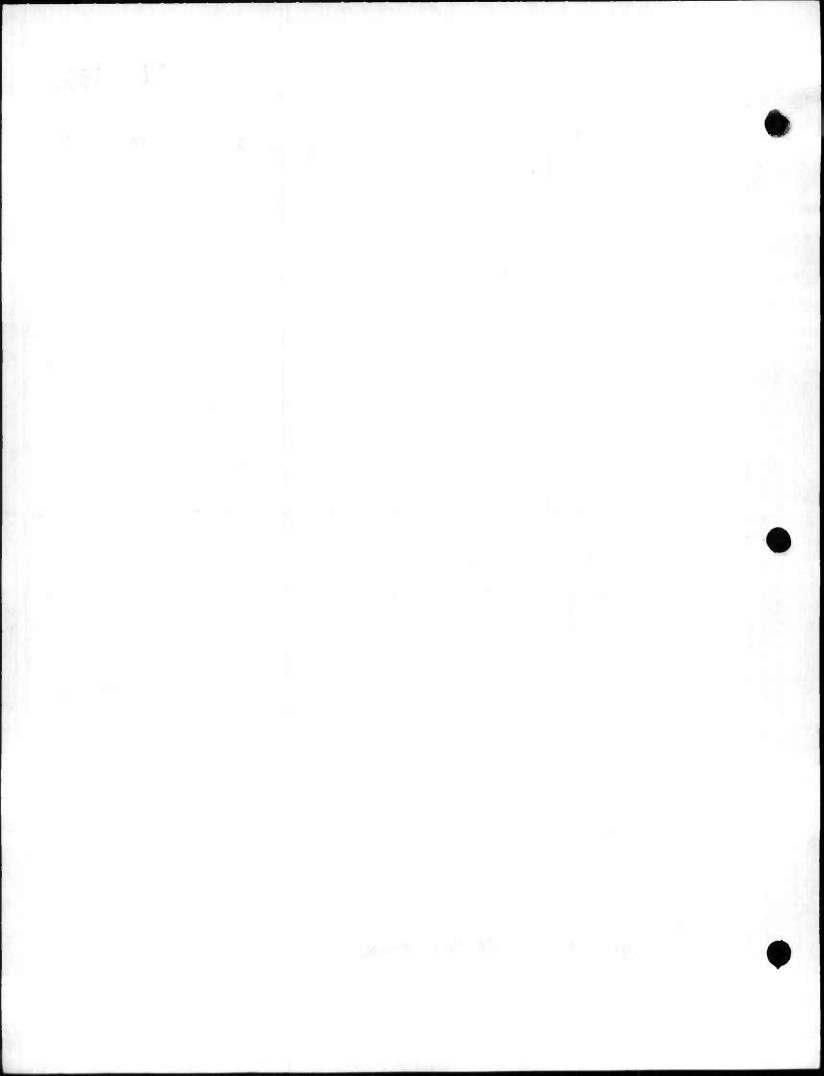
3	2	75
per	pin	pe
etair	Sho	otifi
200	96 5	9
THAY	ed.	q ts
9 9	ecto	E
Page	Ji Oir	ner must be notified at
ath.	nera	ami,
er de	he fo	ex
affe	by t	Sica
TOUR	d in	med
24	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	he
thin	etely	ı,
d wi	JOH!	eve
cute	d co	tle
900	n an	ma
e be	Sicia	Į,
ficat	phy	her
cert	ding	ot
ath	tal t	0 ,
o de	Men a	The same
at th	yd bac	y Ir
as th	pued afth	B an
quire	II Sign	MO
W Te	pee	3 84
36 3	has	1 2
T. N	Cente	Her
CIA	ertif	0
HYS	his c	ced
4G P	ter t	mar
ON O	R. A.	9
ATTE	5	200
OR /	JIRE	E
ML	ALC	7
SPI	NER.	E
E HO	E FU	RIA
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by to	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to select minimal programment of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
2	23	3 =

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR DAY	STATE OF SYE ALMEDA FA	MARYLAND / DEPART	TMENT OF HE		REG. NO.	
1. DECEDENT'S NAME (First,			ney		TE OF DEATH DAY	YEAR 6:25P M
4. SOCIAL SECURITY NOMBI	454 1 0 M 2 DXF	8. AGE (In yrs lest birthday) 85 YRS.	MONTHS DAYS	OURS MIN.	TE OF BIRTH onth, Day, Year) 2-12-06	8. BIRTHPLACE (State or Foreign Country)
PRESIDENCE OF DEC	titution, give street and number)  NUTSIN  EDENT	g Center 1	Hagersi	DWN	90. CO	asnington
MARYLAND	WASHINGTON		, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	GROUND AVENU	JE		1740		U.S.A.
11. MARITAL STATUS  1 Never Merried 2 3  Widowed 4 Divor	Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yea, spec	DENT OF HISPANIC OR ty Cuben, Mexican, Puer NO Specify:	GIN? (Specify Yee or No- rio Rican, etc.)	14. RACE — American Indian, Black, White, stc. Specify: WHITE
15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUCATION highest grade completed)  12) College (1-4 or 6	(Give kind of w life. Do NOT use	usual Occupation york done during most e retired.)	of working	SELF EMP	
17. FATHER'B NAME (First, Mi	ddle, Last)	1 110031			st, Middle, Meiden Surneme	
TRYON		BRAGUNIE	R	ANNIE		RICE
190. INFORMANT'S NAME (7)					lumber, City or Town, State,	
JULIA M.  20a. METHOD OF DISPOSITI 1X Buriel 2 Crematio 4 Donation 5 Other	ON 3 Removal from State	20b. PLACE OF DISPOSI	ITION (Name of ceme	ery, cremetory or	20c. LOCATION	MARYLAND21740  City or Town, State  TOWN, WASH., MD.
	reel Bran	at caused the death. Do no	ANDREW 40 EAST	ANTIETAM	N FUNERAL H ST., HAGERS	TOWN, MD. 21740
shock, or he immediate cause (Fin disease or condition rasulting in death)	est fallure. List only one to al	O (OR AS A CONSEQUENCE OF	unanis			Interval Between Onsat and Death
Sequentially list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	flata NG ry Due 1	O (OR AS A CONSEQUENCE OF				
		to death but not resulting lo		cause given in Part	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 2-40	AVAILABLE PRIOR TO
Sem	4 sementis					1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	CE OF DEATH (Check on		
	Pending (Month,		E OF 28c. INJUI	TY AT 28d.	DESCRIBE HOW INJURY	OCCURED
3 Suicide 8	Could not be steemined 28e. PLACE building	OF INJURY — Al home, ferm, s g, etc. (Specify)	street, factory, offica		LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
a week		of my knowledge, death occurre examination end/or investigation				stated. o the cause(s) end manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	D		29c. LICENSE NUMBER	29d, 0	DATE SIGNED (Month, Day, Year)
	DATTA MO	AUSE OF DEATH (ITEM 27) (Type, 334 MICE		CERSTON	~ mp 21	243
31. DATE FILED (Month, Day,	1697) 32. REGIST	RAR'S SIGNATURE	2-4-00			

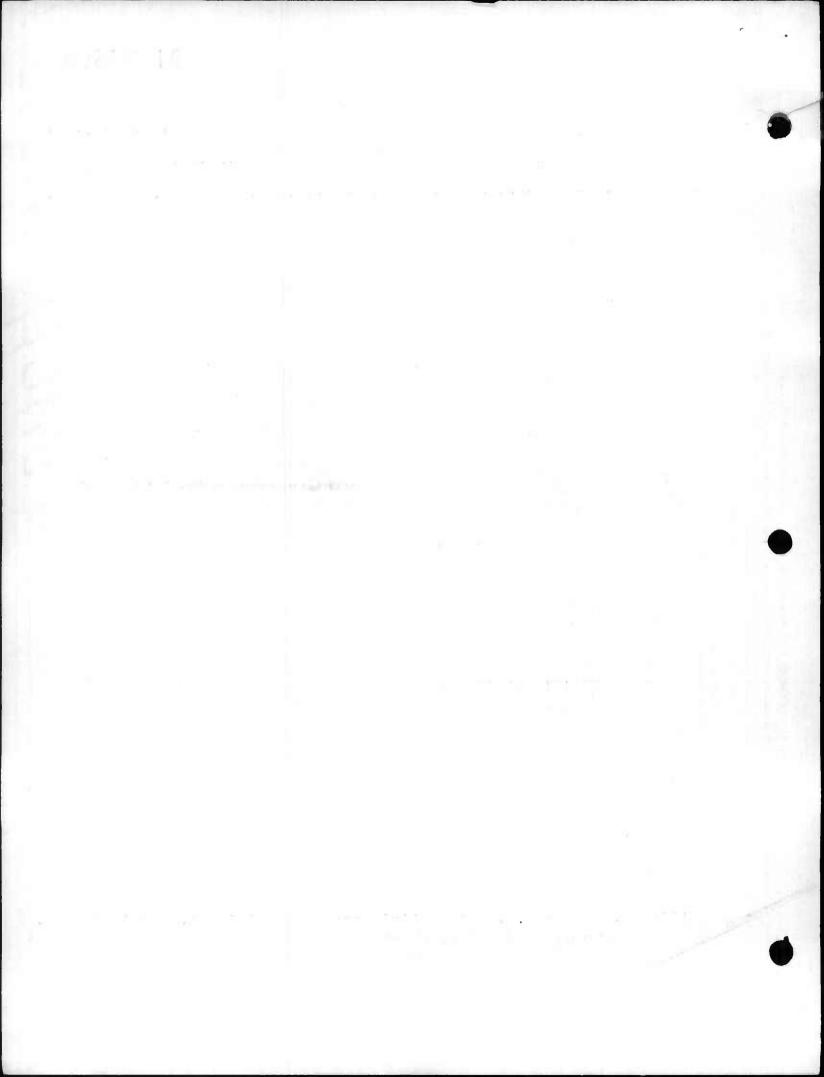


	1. DECEOENT'S NAME (First, Middle, Las								
	71 -			LER		2. DATE OF DEATH MONTH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Fulle		A - 88-		9 /	6 199	1 9%	
1		1 N 2 F	SE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Ford Country)	
1	214-32-2774  9e. FACILITY NAME (If not institution, give		58 YRS.	2.1		AUGUST 20		MARYLAND	
æ					OR LOCATION OF DE	EATH	11001111111	Y OF DEATH	
CTOR	WASHINGTON CO	JUNTY HOSP	ITAL	HAGE	RSTOWN		WAS	HINGTON	
Ä	10a. STATE 10b. COUN	ITY	10c. CF	TY, TOWN OR LOCA	TION			10d, INSIDE CITY	
DIRE	MARYLAND WAS	SHINGTON		GERSTO				LIMITS?	
	10e. STREET AND NUMBER			10	f. ZIP CODE		1 ☐ YES 2X		
FUNERAL	410 MAYFAIR	AVENUE			21740			S.A.	
N	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13 WAS DEC		VIC ORIGIN? (Specify		I. RACE — American Indian	
	1 Never Married 2 Married	FORCES? 1V YE	S 2 NO	If yes, sp	ecify Cuban, Maxica 2 NO Specifi	n, Puerto Rican, atc.)	TWE OF ING	Black, White, atc.	
В	3 Widowed 4 Divorced		1 011120	I I I	ZA NO Specifi	r:		SpecifyWHITE	
E	15. DECEDENT'S ED	DUCATION de completed)	18a. OECEDENT'S	S USUAL OCCUPATI	ON	16b. KIND OF E	USINESS/INDUS		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		Collega (1-4 or 5+)	life. Do NOT u	work done during mo use retired.)	ost or working				
			TELEP	PHONE TI	ECHNICI	AN TELE	PHONE	COMPANY	
						ME (First, Middle, Meid	en Sumeme)		
BE		VADNER FL		SR.	GRAC		SEIB		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
	ANDREE L. FL					E, HAGEF	RSTOWN	, MD 2174	
	20a. METHOD OF DISPOSITION	moval from State	20b. PLACE AND DATE semetery, crematory or o	OF DISPOSITION (No			OCATION - CH		
	4 Donation 5 Other (Specify)		ROSE HIL	L CEME	TERY 9-	19-91 HA	GERSTON	WN, WASHINGTO	
	21. SIGNATURE OF FUNERAL SERVICE L				NU ADDRESS OF FA	CILITY			
	R. To	el Brade		IANDER	W K	I H M A N F	LINERAL	HOME, IN	
	23. PART I. Enter the diseasea, or	complications that cause. List only one cause on	ed the death. Do	not enter the mo	ANTIE	TAM ST.	HAGERS	STOWN MD	
RTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a. Republications that yourself compilications that yourself considerable considerable considerable considerable considerable compilications that yourself considerable consid	ed the death. Do each line.	not enter the mo	ANTIE	TAM ST.	HAGERS	STOWN, MD. t, Approximat Interval Bet	
DICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. Ry DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE O	not enter the mo	ANTIET de of dying, auci	AM ST., h as cardiac or rea	HAGERS piratory arrea	t, Approximat Interval Bet Onset and I	
MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS	S A CONSEQUENCE O	not enter the mo	ANTIET de of dying, auci	AM ST., h as cardiac or rea Part I. 24e. WAS A PERFO	HAGERS piratory arrea	STOWN, MD. t, Approximat interval Bet Onset and I	
MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant conditions in the conditions	DUE TO (OR AS  Ona contributing to death	S A CONSEQUENCE O	not enter the mo	ANTIET de of dying, auci	Part I. 24a. WAS A PERF	HAGERS piratory arrea	Approximatinterval Bet Onset and I	
MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant conditions in the conditions in the conditions in the conditions in the cause of the conditions in the cause of th	a. DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS	S A CONSEQUENCE O	I 40 E. not enter the mo	ANTIET de of dying, auci	Part I. 24a. WAS A PERFO	HAGERS piratory arrea	Approximatinterval Bet Onset and I	
MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the conditions	DUE TO (OR AS  DOE TO (OR AS  OUE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS  DOE TO (OR AS	S A CONSEQUENCE O	I 4 0 E.  not enter the mo    F   1   1	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  5 Realdence	Part I. 24a. WAS A PERFO	IN AUTOPSY DRMED?	Approximate interval Bet Onset and I I I I I I I I I I I I I I I I I I I	
PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the condition of the conditions in the conditions i	A. Compileations that beause.  Liat only one cause on Due to (OR As Due	S A CONSEQUENCE O	DF):  In the underlying  A □ Nursing Norm  AE OF 28c. INJ  WO WO WO WO WO WO WO WO WO WO WO WO WO W	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  5 Realdenca	Part I. 24a. WAS A PERFO 1 YES	IN AUTOPSY DRMED?	Approximate interval Bet Onset and I I I I I I I I I I I I I I I I I I I	
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant conditional investigation in the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant condition in the cause of the cause	A. Compilications that beaus on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of	SA CONSEQUENCE O	In the underlying  The state of the state of	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Chi  S PResidence  FROM NO  S PROSIDENCE  OF DEATH (Chi  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Part I. 24a. WAS A PERFO 1 YES  a Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY DRMED?  2 MO	Approximatinterval Bet Onset and I / Approximatinterval Bet Onset and I / Approximation    3 max    24b. WERE AUTOPSY FINIT AVAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 MO	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions	A. DUE TO (OR AS  D. DUE TO (O	SA CONSEQUENCE O	In the underlying  The state of the state of	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Chi  S PResidence  FROM NO  S PROSIDENCE  OF DEATH (Chi  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Part I. 24a. WAS A PERF(  1 YES  ack only one)  a Other (Specify)  28d. DESCRIBE HOW	IN AUTOPSY DRMED?  2 MO	Approximatinterval Bet Onset and I / Approximatinterval Bet Onset and I / Approximation    3 max    24b. WERE AUTOPSY FINIT AVAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 MO	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditional conditional conditional conditions in the conditional	A. Compilications that beause.  List only one cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of th	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O	I 4 0 E.  not enter the mo    F   1   1     F   28. PL    OTHER:   4   Nursing Nom  AE OF   28c. INJ  JURY   WO  M   1   1     streel, factory, official	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  5 PResidence  URY AT  RK7  (ES 2   NO	Part I. 24a. WAS A PERF  1 YES  a Other (Specify)  28d. DESCRIBE HOW	IN AUTOPSY PRIMED?  2 NO	Approximatinterval Bet Onset and I / Approximatinterval Bet Onset and I / Approximation    3 max    24b. WERE AUTOPSY FINIT AVAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 MO	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditional conditional conditions in the conditional	A. Compilications that beaus.  List only one cause on a. Compilication one cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of	sed the death. Do seach line.  S A CONSEQUENCE OF A CONSE	I 4 0 E.  not enter the mo    F   1   1     F   28. Pt    OTHER:   4   Nursing Nom  AE OF   28c. INJ  JURY   WO  I   1     street, factory, office	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  S Realdenca  URY AT  RK7  TES 2 \( \) NO	Part I. 24a. WAS A PERF  1 YES  1 Other (Specify)  28d. DESCRIBE HOW	IN AUTOPSY PRIMED?  2 NO  INJURY OCCUR	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 AG	
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditional conditional conditions in the conditional	DUE TO (OR AS  DUE TO	sed the death. Do seach line.  S A CONSEQUENCE OF A CONSE	I 4 0 E.  not enter the mo    F   1   1     F   28. Pt    OTHER:   4   Nursing Nom  AE OF   28c. INJ  JURY   WO  I   1     street, factory, office	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  5 Realdenca  URY AT  RK7  (ES 2 \sum NO  and place, and due  seth occured at the	Part I. 24a. WAS A PERF  1 YES  281. LOCATION (Stree City or Town, State to the cause(a) and milling, date end place, a	IN AUTOPSY PRIMED?  2 NO  INJURY OCCUR  I and Number or it and dua to the called	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 VES 2 AMO	
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant conditional investing in death and interest conditional investigation in the conditional investigation in the conditional investigation investigation investigation in the conditional investigation investin investigation investigation investigation investigation investi	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O  S A CONSEQUEN	I 4 0 E.  not enter the mo  Fig. 1/2  DF):  DF):  In the underlying  28. PL  OTHER: 4 Nursing Nom M 1 Nursing Nom M 1 Nursing Nom Street, factory, official  red at the time, data on, in my opinion, d	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  Freeldenca  URY AT  RK7  TES 2 \( \subseteq \) NO  and placa, and dua  anth occurred at the  29c. LICENSE NUM	Part I. 24a. WAS A PERF(  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Stree City or Yown, State  to the cause(a) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and miltime, date and place, and the cause(b) and the	IN AUTOPSY PRIMED?  2 NO  INJURY OCCUR  I and Number or it and dua to the called	Approximatinterval Bet Onset and I Approximatinterval Bet Onset and I Approximatinterval Bet Onset and I Approximation of Completion of Comple	
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  2   Accident   Pending investigation   Investigation   Could not be determined   Check only one)   2   MEDICAL EXAMINER?  29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one)   2   MEDICAL EXAMINER	Compileations that beas  List only one cause on  a. Property of the part of th	S A CONSEQUENCE O  S A CONSEQUEN	I 4 0 E.  not enter the mo  Fig. 1/2  OF):  OF):  In the underlying  28. PL  OTHER: 4 Underlying  A United Normalis Norm  E OF  Street, factory, officients  and at the ilme, data on, in my opinion, d	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Che  Freeldenca  URY AT  RK7  TES 2 \( \subseteq \) NO  and placa, and dua  anth occurred at the  29c. LICENSE NUM	Part I. 24a. WAS A PERF  1 YES  281. LOCATION (Stree City or Town, State to the cause(a) and milling, date end place, a	IN AUTOPSY PRIMED?  2 NO  INJURY OCCUR  I and Number or it and dua to the called	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 VES 2 AMO	
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditional conditions in the conditions of the	A. Compilications that beus b. List only one cause on a. Compilications that beus b. List only one cause on a. Compilication of the com	Bed the death. Do i each line.  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  B Dut not resulting  The second line.  S A CONSEQUENCE O	I 4 0 E.  not enter the mo    F   1   1	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Chi  5 Realdenca  URY AT  RK7  (ES 2 \_ NO  and placa, and dua  meth occurred at the  29c. LICENSE NUM  O LIICENSE NUM	Part I. 24a. WAS A PERF( 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State and place, and many state and place	IN AUTOPSY PRIMEO?  2 PNO  INJURY OCCUR  anner as stated. and dua to the ci	Approximatinterval Bet Onset and I I I I I I I I I I I I I I I I I I I	
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditional conditions in the conditions of the	Compileations that beas  List only one cause on  a. Property of the part of th	sed the death. Do seach line.  S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE Of S A CONSEQUENCE OF S	I 4 0 E.  not enter the mo    F   1   1     F   28. Pl   OTHER: 4   Nursing Nom  AE OF 28c. INJ JURY WO  street, factory, office  red at the Ilme, data on, in my opinion, d    Print    9   Ho w	ANTIE  de of dying, auci  cause given in  ACE OF DEATH (Chi  5 Realdenca  URY AT  RK7  (ES 2 \_ NO  and placa, and dua  meth occurred at the  29c. LICENSE NUM  O LIICENSE NUM	Part I. 24a. WAS A PERF( 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State and place, and many state and place	IN AUTOPSY PRIMEO?  2 PNO  INJURY OCCUR  anner as stated. and dua to the ci	Approximatinterval Bet Onset and I Approximatinterval Bet Onset and I Approximatinterval Bet Onset and I Approximation of Completion of Comple	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		CERTIFIC	ATE OF		REG. NO	•			
	1. DECEDENT'S NAME (First, Middle, Last)				1	MONTH D	_	3. TIME OF DEATN		
	JOHN FILMORE:	FENWICK 5. SEX 8. AGE	(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7	09 1	5 199	1 11:16		
1	212-16-9868A	1 🔀 M 2 🗆 F	78 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 09/13/1	913 M	Country) [ARYLAND		
2	90. FACILITY NAME (If not institution, give FORT WASHINGTO				R LOCATION OF OEAT		9c. COUNTY			
ě.	RESIDENCE OF DECEDENT	N MEDICAL	CENTER	FORT	WASHINGT	TON MD	PRIN	CE GEORGE		
DIREC	10e. STATE 10b. COUNT			OWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?		
	MARYLAND ST.	MARY'S COUNT	TY CH	APTICO		1 Q. CITIZEN OF WHAT COUNT				
FUNERAL	P.O. BOX 131,	CUADRICO IIIDI	DOAD	101.	20621		13			
S	11. MARITAL STATUS	ORIGIN? (Specify Yes	A.  RACE — American Indian,							
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO		ecify Cuban, Mexican, 2X NO Specify:	Puerto Rican, etc.)		Specify: BLACK		
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US (Give kind of work	done during mod	ON st of working	16b. KIND OF BU	SINESS/INDUST			
PLE	6TH. GRADE	College (1-4 or 5+)	Ille. Do NOT use re	urea.)		FARM	ITNG			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		FARMER		18. MOTNER'S NAME	(First, Middle, Melden				
BEC	JAMES THURMAN FA	ENWICK			LOUISE	MILES				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural Rou		m, State, Zip Cod	de)		
F	MARGARET JANE FI							PTICO, MD.2		
	20a. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Rec	movel from State	0b. PLACE OF DISPOSITI					or Town, State		
	4 Donation 5 Other (Specify)		HARLES MEMO		ARDENS 9/		NARDIC	WN, MD. 206		
	In 1 mi	W/4 1					NERAL	HOME, P.A.		
	23. PART . Enter the diseases, or	Harden	The same of the sa	P.O.	BOX 270,	LEONARD	OWN, M	D. 20650 Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. UROSE						Interval Bety Onset and D		
z										
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF:							
CERTIFICATION	that initiated events reaulting in death) LAST	, DOE 10 (ON AS	A CONSEQUENCE OF):							
핑		d								
	PART II. Other significant condition			the underlying	g cause given in Pr	ert 1. 24a. WAS AN PERFO		24b. WERE AUTOPSY FIND MAILABLE PRIOR TO		
	E POOK MILTRI	TIONAL STA	TUS			1 YES :	NO	OF DEATH?		
EDICAL	TOOK NOTKI									
: MEDICAL						-		1 TES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			26. PL	LACE OF DEATH (Check	k only one)		1 TES 2 NO		
		HOSPITAL:		THER:	LACE OF DEATH (Check			1   YES 2   NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	1 Inpatient 2 ER/Ou 26s. DATE OF INJURY	rtpatient 3 DOA 4	THER:  Nursing Homore E 28c, INJ	ne 5 Residence 6		INJURY OCCUR			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	1 Inpetient 2 ER/Ou 26s. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	THER:  Nursing Hom PF 28c. INJ Y W0 1 1 1	NO 5 Residence 6 NURY AT 2 NRK? YES 2 NO	Other (Specify)	INJURY OCCUR			
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b.	26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4  26b. TIME C INJUR  RY — At home, farm, stre	THER:  Nursing Hom PF 28c. INJ Y W0 1 1 1	NO 5 Residence 6 NURY AT 2 NRK? YES 2 NO	Other (Specify)	and Number or	RED		
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sc	ripetient 3 DOA 4  26b. TIME C INJUR  RY — At home, farm, streecity)	THER: Nursing Hom F 28c. INJ W M 1 1	NO 5 Residence 6 UURY AT PIK? YES 2 NO	Other (Specify)  18d. OE\$CRIBE HOW  18f. LOCATION (Street City or Town, State	and Number or	RED		
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28a. DATE OF INJUR 28a. DATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJUI building, etc. (Sc	ripatient 3 DOA 4  2 28b. TIME C INJUR  RY — At home, farm, streecify)  wiedge, death occurred	THER: Nursing Hom	NO 5 Residence 6 NURY AT 2 NRK7 YES 2 NO 2 and place, and due to	ed. OESCRIBE HOW  ed. LOCATION (Street City or Town, State  the cause(a) and ma	and Number or	Rurel Route Number,		
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year,  28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sc  SICIAN: To the best of my knowner:  On the basis of examinat	ripatient 3 DOA 4  2 28b. TIME C INJUR  RY — At home, farm, streecify)  wiedge, death occurred	THER: Nursing Hom	NO 5 Residence 6 SURY AT PARK? YES 2 NO 2 and place, and due to leath occured at the til	Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State the cause(a) and ma	and Number or	Rurel Route Number,		
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year,  28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sc  SICIAN: To the best of my knowner:  On the basis of examinat	ripatient 3 DOA 4  2 28b. TIME C INJUR  RY — At home, farm, streecify)  wiedge, death occurred	THER: Nursing Hom	URY AT PROPERTY OF THE PROPERT	Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State 2 the cause(a) and ma me, data and place, a	and Number or )  nner as stated, and due to the c	Rurel Route Number,		
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28a. DATE OF INJURY (Month, Day, Year,  28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sc  SICIAN: To the best of my known.  NER: On the basis of examinat	At home, farm, streedily)  At home, farm, streedily)  At home, farm, streedily)	THER:    Nursing Hom   Nursing	NO 5 Residence 6 SURY AT PARK? YES 2 NO 2 and place, and due to leath occured at the til	Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State 2 the cause(a) and ma me, data and place, a	and Number or )  nner as stated, and due to the c	Rural Route Number,		
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year, 28a. PLACE OF INJURY 26a. PLACE O	At home, farm, streecity)  RY — At home, farm, streecity)  wiedge, death occurred ion and/or investigation,  DEATH (ITEM 27) (Type, Pr	THER:    Nursing Hom   Nursing	Per S Residence 6 SURRY AT SPIK?  YES 2 NO Per SPIK SPIK SPIK SPIK SPIK SPIK SPIK SPIK	Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State  the cause(a) and ma me, data and place, a  ER	and Number or an annumber or an attack.  Inner as stated, and due to the company of the company	Rural Route Number, ause(s) and manner as stat		



	hours	
	24	-
30,	within	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	The second secon
×	e	
0	92	
O. E	rtifical	
~	8	
S, F	death	*
0	he	
OR	that	
S	uires	
œ	Je G	
	WE	
V	he	
	E	
>	CIAN	10.0
0	HAS	
Z	GF	
0	NO	
S	EN	0
=	A	-
5	8	0
	TAL	
	SS	44.4
	H	-
	置	-
	2	-

	1. DECEDENT'S NAME (Fire	si, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	Ole	5. SEX	6. AGE (In yrs.	look bloth do A				9	15	5	7/_	11
	137-40-2	932	1 - M 2/XF		7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	(Month	DE BIRTH	101	B. BIRT	
	9a. FACILITY NAME (II not			,	, ,	9b. CITY, TOWN	OR LOCATI			y 25	191	P INTY OF I	Md.
OR O	Washingto	on Co	unty Hos	g n		Hagers							ngton
CTO	Washingto	CEDENT		55.	1						1 11 41	SHIT	16011
DIRE	Md.		hington			gerst (							10d. INSIDE CITY
AL	10e. STREET AND NUMBER		0				f. ZIP CODI	F			10c CIT	TEN OF	11 YES 2 □ N
# I	1522 F	Kensi	ngton Di	r.				217	40			US	WHAT COUNTARY
FUN	11. MARITAL STATUS	V	12. WAS DECEDEN	NT EVER IN U.S.	ARMED	13. WAS DEC	CENDENT C	F NISPANI	C ORIGIN	? (Specify Yes		14. RAC	E — American Indian
BY	1 Never Married 2 3 Dividowed 4 Div		IF YES, GIVE Y	YES 2X	No	1 Tyes, sp	2 NO	n, Maxican, Specify:	, Puerto R	Ican, etc.)			ck, white, atc.
9		CEDENT'S EDI	UCATION	160	DECEDENT'S	ISHAL OCCUPATI	011		1 00				WIII CC
<u></u>	(Specify or Elementary/Secondary (	nly highest grad	completed)	A) TT	(Give kind of w	USUAL OCCUPATION done during me	osi of workin	dof		KIND OF BUS	SINESS/INI	DUSTRY	
_ #	12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Pos	tal (	lerkEd	luc.	Emp		Edu	ıcat	ion	
COMP	17. FATNER'S NAME (First, I									liddle, Malden		1011	
BE			K. Kuhi	nle				Ida	St	uart			
2	19a. INFORMANT'S NAME (					ADDRESS (Street I							
	John P.  20a. METHOD OF OISPOSI		У					n Dr	. H	agers	tow	n, l	Md. 217
	1 Burial 2 Cremati	lon 3 🗆 Ran	noval from Stata	cemeter)	crematory or other	F DISPOSITION (No	matc	9-1	1 8ºATE	1 20c. LO	thel	Cify or To	own, Stata
- 1	21. SIGNATURE OF FUNERA		CENSEE	Sma	hsbu	1 82. NAME A	ND ADDRES	SS OF FACE	# ITY	Dill	CIID	Jule	, Hu.
1	· /ne	w li	Wand	mic	k	Boa			ck E	uner			
	23. PART i. Enter the c shock, or i IMMEDIATE CAUSE (FI disease or condition resulting in death)	teart tellure.	a. Severe	mic	death. Do no	Boa 1111 Of enter the mo	Chu ode of dyl	ng, auch	Ck H St.	Wes	terr	nnor	t, Md.
AL CERTIFICATION	immediate Cause (Fi disease or condition resulting in death)  Sequentielly list condi- if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj- that initiated eventa resulting in death) LAS	tiona, ediate ling	a. Acceptance of the policy of	et caused the use on each li	death. Do none.	Boa 1111  Ot enter the model of the state of	Church of dyl	irch ng, auch	ck F St. es csrdi	Wes	terr	lDOr reat,	Approximatinterval Bet Onset and
MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentielly list condi- if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events	tiona, ediate ling	a. Acceptance of the policy of	et caused the use on each li	death. Do none.	Boa 1111  Ot enter the model of the state of	Church of dyl	irch ng, auch	ck F St. es csrdi	Wes	terr	lDOr reat,	D. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMP
MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentielly list condition from the course. Enter UNDERLY CAUSE (Disease or injuthant initiated events resulting in death) LASPART II. Other significations.	tiona, ediate ring strong a. Acceptable to the contributing to the contr	et caused the use on each li	death. Do none.	Boa 1111 of enter the model of the underlying in the underlying	Church de of dyl	irch ng, auch	ck I St. es card	Wes lec or respi	terr	lDOr reat,	Approximatinterval Bet Onset and Ons	
MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentielly list condit if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuit that initiated eventa resulting in death) LAS	tiona, ediate ring strong a. Acceptance of the policy of	et caused the use on each li	death. Do none.	Boa 1111 of enter the mo	Chu ode of dyl Ice Ice Ice Ice Ice Ice Ice Ice Ice Ice	Irch Ing, auch	ek I St. es csrdl	Wes lec or respi	terr	lDOr reat,	Approximatinterval Bet Onset and I	
الي	Simmediate Cause (Fi disease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Last cause (Disease or injuted initiated events resulting in death) Last cause (Last Cause	tiona, ediate ring strong DUE TO  DUE TO	t caused the use on each life (OP AS A CONS) (OP AS	death. Do none.	Boa 1111 of enter the model of the underlying the underlying to the underlying Norm of 28c. NJ WO 1 1	g cause g	Ir Ch Ing, auch Ing, auch	es csrdl	Wes lec or respi	AUTOPSY MED?	POT reat.	D. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMP	
EU BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death) LASSE (Disease or injust initiated eventa resulting in death) LASSE (Disease or injust) LASSE (D	tiona, ediate ring ant condition	BULLING DUE TO D	t caused the use on each life (OP AS A CONS) (OP AS	death. Do none.	Boa 1111 of enter the model of the underlying the underlying Normal Street, and the underlying Normal Street	g cause g	IT Chang, auch in particular in Particular i	es csrdl	Wes lec or respi  24s. Was an Perfor 1 Yes 2  (Specify)  Cribe now in	AUTOPSY MED?	24b	D. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO COMP
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disesse or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disesse or in) that initiated eventa resulting in death) LAS  PART II. Other signification in the condition of th	tions, ediate line line line line line line line lin	BULLING DUE TO D	et caused the use on each li	death. Do no no.	Boa 1111 of enter the model of the underlying the underlying the underlying Normal Market Mar	Chu de of dyl  Chu de	IT Chang, auch in Particular (Checuster Checuster Checus	es cardi  Part I.  Other 28d. OESC  Other cause	Wes lec or respi  24a. WAS AN PERFOR 1 □ YES 2  (Specify)  TION (Street a r Town, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b CURED or Aural I	D. WERE AUTOPSY FIN AWALDER PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO

BAL	death	fune		No. of
Ď	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	separated to the control of the confidence of the control of the c
	23	ln b	9	Popular
	5	lled	0,	-
	12	ly fi	atio	46
o o	withi	plete	Crem	food
4	be	COT	al.	4
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	пэж	and	o pri	Spen
<	90	ian	07 th	2115
2	ate	<b>JySic</b>	E	40.0
	rtific	10.0	iene	diam
j.	90	ndin	ž	0
7	feat	atte	mal	-
ń	the c	the	Me	-11-
2	af	5	and	1
5	ES II	gnec	alt.	0
וו	quir	in Si	Į He	
r	₹	pee	1,0	3
Ļ	e B	has	06	è
4	F	Safe	tate	A. a.
>	SIAN	irtific	he S	1
+	NSI	SC	E .	7
9	PH	T th	W E	- mary
	DING	Afte	deal	-
S	TEN	DR:	fter	
5	A	PEG	JIS 3	-
0	0	0	20	24.
	PITA	RAL	72	20
	HOS	FUNE	Within	20.07
	光	THE	Fled 1	200
	0	0	9	1

	1. DECEDENT'S NAME (First, Middle, Last JOHN	Edwin	1		1	GEI	VTR	Y	TH	2. D	ATE OF DE		, 19	YEAR	3. TIME 0		P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (	'In yrs. last		IF UNDER 1 Y		IF UNDE		7. D	ATE OF BIR	TH	1 13	8. BIRT	THPLACE (Sta		jn N
	523-05-5559	1 XM 2 - P	6	8	YRS.	MONTHS E	MYS	HOURS	MIN.		-26-			Kar	nsas		
~	9a. FACILITY NAME (If not institution, give		TT -				y, town or location of death						9c. COU	,		_	
DIRECTOR	Kimbrough Arm	my comm.	но	spit	Jal	rt.							Ann	ne I	Arund	eT	_
HE	MD Anne					TOWN OR		ION							10d. INSID	E CITY S?	
	100. STREET AND NUMBER	e Arunde	Τ		Ude	ento	_	ZIP COD	NE .				40a CIT	TIZEN OF	1 YES		<u> </u>
RA	520 Patricia	Court						211					US		WHAI COUR	INT	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN					S DEC	ENDENT	OF HISPAI		IGIN? (Spe			14. BA	CE - Americ	en Indien,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?		ATES	0			2 NO			rto Rican,	mtC.)		100	ecify:	ite	
	15. DECEDENT'S ED	UCATION	WII	16a. DEC	EDENT'S U	ISUAL OCC	UPATIC	ON		Т	16b. KIND	OF BUS	INESS/IN	DUSTRY	**11	100	
	(Specify only highest grades) Elamentary/Secondary (0-12)	completed) College (1-4 or 5	+)	Mo.	ve kind of wo Do NOT use	retired.)	ing mo	et of work	ing								
COMPLETED	12	2		Mil	Litar	су						_	Vavy	7			
	17. FATHER'S NAME (First, Middle, Last) Lloyd T. Gent	try									rst, Middle, n Ha			1			
8E	19a. INFORMANT'S NAME (Type/Print)	111			MAILING /			nd Numbe	r or Rural	Route	Number, Ch	y or Town	n, State, Zi	ip Code)	•		
임	Genevieve M.	Gentry		5	20 I	Patr	ici	ia (	Cour	t,	Ode	nto	on,	MD	211	<b>1</b> 3	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Re	moval from State		other pla	OF DISPOSI	TION (Name	of cen	metery, cre	matory or			20c. LO	CATION —	City or	Town, State		
	4 Donation 5- Other (Specify) 1	Entombme	n#_	Men	poris	1] G:	arc	iens	In	C	,	Col	lora	do	Spri	ngo,	,
	73	0/1	11								ral	Hor	ne,	P. A			
	Janus	7 com	4	42												21	
	shock, or heeft failure	r complications the e. List only one car									ve.				App	212 proximate rvai Beth	e Ne
TION	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If eny, leading to immediate	POSS  B. DUE TO	IBLE	PUL CONSEQ		RY EM	ne mo	de of d							App inte Ons	roximate rvai Betr	we De
CERTIFICATION	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. POSS DUE TO  b. DUE TO	SIBLE O (OR AS A	PUL A CONSEQ	MONAF	RY EM	ne mo	de of d							App inte Ons	roximate rvai Bet et and D	we De
: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition rasulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. POSS DUE TO  DUE TO  DUE TO  d. Ones contributing to	SIBLE O (OR AS A O (OR AS A	PUL A CONSEG A CONSEG A CONSEG	MONAF	extended the extended control of the extended control	BOL	JISM	ying, suc	ch as	cardiec o	er respi	AUTOPSY MED?	rrest,	Appinte Ons IMI	roximaterval Betset and EMEDIA  OPSY FINE PRIOR TO ON OF CAL	PINK USE
: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition rasulting in death)  Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON 'S  25. WAS CASE REFERRED TO MEDICAL	B. List only one car  B. DUE TO  C. DUE TO  d. DUE TO  DISEASE	SIBLE O (OR AS A O (OR AS A	PUL A CONSEG A CONSEG A CONSEG	MONAF	extended the extended control of the extended control	BOL	JISM	ying, suc	Part	I. 24a.	WAS AN	AUTOPSY MED?	rrest,	Appinte Ons IMI	roximaterval Betweet and EMEDIA  OPSY FINE PRIOR TO ON OF CAL  7	PINC USE
SICIAN: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON'S	a. POSS DUE TO  DUE TO  DUE TO  d. Ones contributing to	O (OR AS A) O (OR AS A) O (OR AS A)	PUL A CONSEQ A CONSEQ A CONSEQ Dut not re	MONAF NUENCE OF NUENCE OF	extended the extended control of the extended control	BOL BOL	JISM g cause	given in	Part	I. 24a.	WAS AN PERFOR	AUTOPSY MED?	rrest,	Appinte Ons IMI	roximaterval Betweet and EMEDIA  OPSY FINE PRIOR TO ON OF CAL  7	PINK USE
: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON'S  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 10 YES 2 NO  27. MANNER OF DEATH	B. List only one can possible to be	CIBLE O (OR AS A O (OR AS A O (OR AS A	PUL A CONSEQ A CONSEQ A CONSEQ Dut not re	MONAF NUENCE OF NUENCE OF	OTHER:	BOL  26. Pt  26. Pt  WG  WG	g cause	given in	Part	I. 24a.	was an Perfor	AUTOPSY MED?	rrest,	Appinte Ons TMI  TMI  4b. WERE AUT AVAILABLE COMPLETI OF DEATH	roximaterval Betweet and EMEDIA  OPSY FINE PRIOR TO ON OF CAL  7	PINK USE
ED BY PHYSICIAN: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON'S  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 12 YES 2 NO	B. List only one can POSS  B. DUE TO  C. DUE TO  d. One contributing to DISEASE  HOSPITAL: 1   Inpetient 2   28a. DATE 0 (Month, Inc.)	O (OR AS A) O (OR AS A) O (OR AS A) O (OR AS A) O (OR AS A)	PUL A CONSEQ A CONSEQ A CONSEQ Dut not re	NONAL PROPERTY OF THE PROPERTY	OTHER: 4 ONUMBER: MY EM	26. PI	g cause	given in	Part	I. 24a. 1	WAS AN PERFOR YES 2	AUTOPSY MED? X NO	2 2 CCURED	Appinte Ons TMI  TMI  4b. WERE AUT AVAILABLE COMPLETI OF DEATH	OPSY FINE PRIOR TO ON OF CALL  2 X NO	PINE USE
ETED BY PHYSICIAN: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON S  25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER OF DEATH    Matural S Pending Investigation   Suicide   Could not be determined	B. List only one can POSS  B. DUE TO  C. DUE TO  d. One contributing to DISEASE  HOSPITAL: 1   Inpetient 2   28a. DATE O (Month, one) 28a. PLACE building	STBLE O (OR AS A O (OR A) O (OR AS A O (OR A) O (OR	PUL A CONSEQ A CONSEQ A CONSEQ Dut not re	DOA 28b. TIME, farm, st	OTHER: OTHER: OTHER: OF ANY M  And A the timest, factor	BOL  25. Pl  26. Pl  WC  1 □	g cause  LACE OF JURY AT PRICY YES 2	given in	Part  1 Part  28d  28f.	I. 24a.  1 □ Other (Spec. DESCRIBE	WAS AN PERFORMANCE OF THE PERFOR	AUTOPSY IMED?  X NO  NJURY OR  AND NUMBER OF THE PROPERTY OF T	2 2 2 CCCURED or or Run	Appinte Ons TMI  TMI  Ab. WERE AUT AVAILABLE COMPLETI OF DEATH 1 YES	POST FINE PRIOR TO ON OF CALL ?	PINO Deal
COMPLETED BY PHYSICIAN: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions PARKINSON S  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 10 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Network of Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHT)	B. List only one can also possesses as a possesses pue to be pue to c.  DUE T	STBLE O (OR AS A O (OR A) O (OR AS A O (OR A) O (OR	PUL A CONSEQ A CONSEQ A CONSEQ Dut not re	DOA 28b. TIME, farm, st	OTHER: OTHER: OTHER: OF ANY M  And A the timest, factor	BOL  25. Pl  26. Pl  WC  1 □	g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause	given in  DEATH (C)  Residence  NO  Dee, and du  ured at the	Part  Part  28d  28f.  a to time,	I. 24a. 1 □ Other (Spec. DESCRIBE LOCATION City or Now e cause(a) deta and p	WAS AN PERFORMANCE OF THE PERFOR	AUTOPSY MED?  X NO  NJURY OR  and Number as stand due to to	2 2 CCCURED or or Run	Appinte Ons TMI  TMI  Ab. WERE AUT AVAILABLE COMPLETI OF DEATH 1 YES	OPSY FINE OPSY FINE OPSY FINE PRIOR TO ON OF CAL ? 2 X NO	Pinking Control of the Control of th
ETED BY PHYSICIAN: MEDICAL C	shock, or heeft failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditi  PARKINSON'S  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\( \text{Y} \) Yes 2 \( \text{NO} \) NO  27. MANNER OF DEATH 1 \( \text{N} \) Natural 5 \( \text{Pending investigation} \) 2 \( \text{Accident} \) 3 \( \text{Suicide} \) 6 \( \text{Could not be determined} \)  29a. CERTIFIER (Check only one) 2 \( \text{MEDICAL EXAMINED} \)	B. List only one can also possesses as a possesses pue to be pue to c.  DUE T	X ER/Outs F INJURY Day, Year) OF INJURY of C. (Spe	PUL A CONSEQ A CONSEQ A CONSEQ Dut not not patient 3  Y — At hor colly)	MONAL NUENCE OF NUENCE OF NUENCE OF DOA 28b. TiME INJ. me, farm, si	OTHER: OF M  OTHER: OF M  OTHER: OF M  A treet, factor d at the tim	BOL  25. Pl  26. Pl  WC  1 □	g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause  g cause	given in	Part  Part  28d  28f.  a to time,	I. 24a. 1 □ Other (Spec. DESCRIBE LOCATION City or Now e cause(a) deta and p	WAS AN PERFORMANCE OF THE PERFOR	AUTOPSY MED?  X NO  NJURY OR  and Number as stand due to to	2 2 CCCURED or or Run	Appinte Ons IMI  TMI  TMI  TMI  TMI  TMI  TMI  TMI	OPSY FINE OPSY FINE OPSY FINE PRIOR TO ON OF CAL ? 2 X NO	) ) ) ) )

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF N	/ CE				DEAT		MENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First, Middle, Lest)  MARION	E,G	RAM						2. DATE OF OEATH	AY	QYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	-		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Mogth, Day, Year) Feb. 20,		8. BIRTH Countr	HPLACE (State or Foreign
	091-12-1956  9a. FACILITY NAME (If not institution, give a	A I	03	YRS.	9h CITY	TOWN C	OR LOCATIO	01 05 05				W Jersey
R	Suburban Hos					ethe		ON OF DE	EATH		Ionte	omery
C	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT											
DIRECTOR	Maryland _				y, town		DC	Ch	evy Chase			10d. INSIDE CITY LIMITS?
ALI	10e. STREET AND NUMBER	ntgomery					. ZIP CQDE			10g. CIT	IZEN OF V	1 <sup>1</sup> YES 2 □ NO
FUNERAL	5480 Wisconsin	Ave., N	N #72	.9			208	15		US	SA	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 N	MEO IO	13.	WAS DEC	ENDENT O	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc.  White
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CENENTIE	Hellat O		IN st of workin	ia.	16b. KIND OF BUS	SINESS/IN	DUSTRY	
, E	Elementary/Secondary (0-12)	College (1-4 or 5+	) 1	lanag	ging	-			American			n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2 yrs	-Ma	nage	Ing	Edit	_	FD-S NA	Publicat ME (First, Middle, Maiden			
BE C	William H.	Dennick							r Amundsen			
0	19a. INFORMANT'S NAME (Type/Print)			. MAILING	- 1	colds	trea	m	"re Number, City or Town	n, Statu, Zi	,	
	Joan Kneussl							m Dr	ive, Poton			20854
	1 XBurial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	matory or o	ther place)	SITION (Na	me of		9-6-91 A	CATION -	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ALTINGL	OII N	22.	NAME AN	O ADDRES	S OF FAC	ZILITY		gton	, VA
	Clorks	illean	-						Funeral H		inc	Md. 20904
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	a. OUE TO (	elvo	UCL DUENCE QU CU ( DUENCE OU CCV	scul Fice hè	la	t a	100	rident mutar	1		Interval Between Onset and Death
	PART II. Other significent condition	s contributing to	desth but not re	euiting i	In the ur	nderlying	ceuse g	iven in i	PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL									1 Tes 2	X		OF DEATH?  1 YES 2 NQ
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NQ	HOSPITAL:			OTHER	₹:			ck only one)			
HYS	27. MANNER OF DEATH	1 N Inpatient 2 -	INJURY	26b. TIM	E OF	28c. INJU	JRY AT	eldence (	5 Other (Specify) 26d. DESCRIBE HOW IF	AJURY OC	CUREO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly. 16ar)	INJ	URY M	1 Y	RK? ES 2	NO				7.
	3 Suicide 6 Could not be determined	28a. PLACE OF building, e	FINJURY — At horate. (Specify)	ne, farm, s	street, fact	ory, office			261. LOCATION (Street a City or Town, State)	nd Numbe	or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of a	my knowledge, dea amination and/or in	nth occurre	n, in my o	lme, data pinion, de	and placa, eath occure	and due t	to the cause(a) and man	ner se sta d due to ti	ted. ne cause(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.,	, ,	,	6401		29c, LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	New!	Mal	on G				197	85	<b>&gt;</b> C	7/2	191
						e Mi	11 n	d n	0.01mr-2.1.1	14.1	1 7	
	Franke Wes 31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	007	ATEL	o mi	TT K	u. K	ockville,	Md.	2085	1
	SEP 05 '91 d	1: Noundson	Bindo D.									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE 0	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, La Page Mildr		OEIII IC	AIL OI	DEATH	2. DATE O			EAR	rime of DEATH
4. SOCIAL SECURITY NUMBER 212-36-5164			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Yeart	8.		CE (State or Foreign
9a. FACILITY NAME (If not institution, g	ive street and number)		b. CITY, TOWN C	R LOCATION OF DE		/ - 1	9c. COUNTY		
Greater Balti	more Medical C	enter	Towso	n			Balti	imore	County
IOa. STATE 10b. COL			OWSON	ION					I. INSIDE CITY LIMITS? YES 2% NO
oa. STREET AND NUMBER 26 C Dur	nvale Rd.	'	10f	. ZIP CODE 21204			10g. CITIZEN	S.A.	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2. NO	If yea, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specifi	n, Puarto Ri	(Specify Yes (can, atc.)	or No.— 14.	Black, W	American Indian, hite, atc.
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S US	k done durina mo	ON st of working	16b.	KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewif				Hon	nemaki	nø	
7. FATHER'S NAME (First, Middle, Last) Adolf Zei				18. MOTHER'S NA	ME (First, Mi	iddie, Meiden S			
9a. INFORMANT'S NAME (Type/Print) Guy W. Gable				nd Number or Rural	Route Numbe	er, City or Town,			
0a. METHOD OF DISPOSITION  Burlel 2 ACremetion 3   1	Removal from Stata	o. PLACE OF DISPOSITION Officer place) Metro Cr	ION (Name of cer	netery, crematory or		20c. LOC	ATION — City	y or Town,	
L SIGNATURE OF FUMERAL SERVICE	blia dt	Metro Cr	22. NAME AN	chardt F	unera	1 Char			21117 Mills. M
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Aortic s DUE TO (OR AS	hypertropl							Interval Between
End-stage re	THE PERSON NAMED IN COLUMN	but not resulting in	tha underlyin	g cause given in	Part I.	24a. WAS AN A PERFORM	WED?	AM CC OF	I RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \( \sqrt{N}\) NO
S. WAS CASE REFERRED TO MEDICA			26. P	LACE OF DEATH (C/	neck only one	2)			
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:	ne 5 🗆 Residence	6 🗆 Other	(Specify)			
7. MANNER OF DEATH  1 Natural 5 Pending Investigat	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	RY WO	PURY AT DRK? YES 2 NO	26d. DE\$	CRIBE HOW IN	JURY OCCUP	RED	
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJUR	Y — At home, farm, structly)	eet, factory, offic	:0		ATION (Street e or Town, State)	nd Number or	Rural Rout	e Number,
2 MEDICAL EXA	turede	on and/or investigation,	in my <b>opi</b> nion, (		time, data		29d. DATE S	cause(a) ar	onth, Day, Year)
Rudiger Breit	enecker, M.D.;	GBMC 670	,	arles St	reet;	Tows	on MD	2120	4
SFP 2 0 '91	32. REGISTRAR'S SIG	NATURE PANDAME							

ir:s

permit: Pages

Γ	
ı	
ı	
ı	
ŀ,	
Г	١
ı	1
L	6
٢	5
Ī	黑
,	5
7	1
l	Z
	Ш
ı	Z
1	L
ı	≥
ı	0
ı	Ш
ı	Ш
	7
	Σ
1	TO BE COMPLETED BY FUNERAL DI
	ш
l	00
l	9
ı	
ı	
l	
l	
l	
1	
Ŀ	_
۱	
ı	
ı	
l	
ı	_
ı	ó
١	Ē
l	2
ı	ū
ı	E
l	ii.
l	C
L	A
1	5
ł	EDI
ł	2
ı	ž
ı	A
l	2
i	>
1	H
1	>
-	a
1	C
1	H
1	ш
l	0
l	C
ļ	Č
I	L
	100
l	TO B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
av Cartrell	2. DATE OF DEATH

REGISTRAR  DECEDENT'S NAME (First, Middle, Last  Eleanor I	, May Gartre	CERTIFIC		weet!!!	2. DATE OF DEATH		3. TIME OF DEATH
SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SIRTH	8.	SIRTHPLACE (State or Foreign Country)
18-07-7155	1 □ M 2 💢 F	74 YRS.	ONTHS DATE	HOURS MIN.	5/1/17		MD"
. FACILITY NAME (If not institution, give		\$		OR LOCATION OF D		9c. COUNTY	
6 Sherwood Di	rive		Walk	ersvill	_e	Fred	erick
a. STATE 10b. COUN	тү	10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY
AD Free	derick		Walk	ersvill	.e		1 N.YES 2 NO
. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
6 Sherwood D	rive			21793		U.	S.
. MARITAL STATUS  Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 TNO	If yes, a		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	e or No— 14	RACE — American Indian, Slack, White, etc. Specify: White
15. DECEDENT'S EC	DUCATION	16a. DECEDENT'S U			16b. KIND OF BU	SINESS/INDUS	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	retired.)	nost of working	,		
12		Housev	wife		n/a	l	
FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
Edgar Allen M	iller				Janet Ho		
e. INFORMANT'S NAME (Type/Print)		The state of the s			Route Number, City or Tow		
Beverly Keilh	oltz				ct, Walke		<u> </u>
METHOD OF DISPOSITION Burlet 2 Cremetton 3 Re	emoval from State	of cemetary, crematory of Westmins	of DISPOSITIO	N (Name	DATE 20c. LO		y or Town, State 1ster, MD
□ Donation 6 □ Other (Specify)  I. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Westmins					
			Pri	tts Fune	eral Home	& Ch	anel
3. PART I. Enter the diseases, o ahock, or heart fellun MMEDIATE CAUSE (Final lisease or condition	e. List only one cause of	used the death. Do no on each line.	412 It enter the m	Washing node of dylng, suc	gton Rd.,	West	t, Approximate Interval Between
3. PART I. Enter the diseases, o shock, or heart failung the manner of t	a	used the death. Do no	412 It anter the m	Washing node of dylng, suc	gton Rd.,	West	minster, MI Approximate Interval Between
23. PART I. Enter the diseases, o ahock, or heart failund metal and the sease or condition esuiting in death)  Sequentially list conditions, fary, leading to immediate seuse. Enter UNDERLYING SAUSE (Disease or Injury het initiated events esuiting in death) LAST	a. DUE TO (OR A DU	AS A CONSEQUENCE OF:	412 It anter the m	Washing node of dying, such	gton Rd., ch ae cardlec or reap	West	tminster, MI  Approximate Interval Between Onset and Dasti
AS. PART I. Enter the disease, o shock, or heart failure method in the second state of	a. DUE TO (OR A DU	AS A CONSEQUENCE OF:	412 It anter the m	Washing node of dying, such	gton Rd., ch as cardlec or reap	West  Interpretation of the second of the se	minster, MI
3. PART I. Enter the diseases, o shock, or heart failure MMEDIATE CAUSE (Final lisease or condition securiting in death)  dequentielly list conditions, i any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury that initiated events seculting in death) LAST  ART II. Other algnificant conditions.	a	AS A CONSEQUENCE OF:	412  E NC:	Washing node of dying, such	ph ae cardlac or reap  NOMA  Part I. 24a. WAS AI PERFO  1   YES :	West  Interpretation of the second of the se	Approximate Interval Between Onset and Dastif
AS. PART I. Enter the diseases, or shock, or heart fellum members or condition esulting in death)  Sequentially list conditions, if any, leading to immediate seuse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST  PART II. Other significant conditions and conditions are selected as a second conditions.	a	AS A CONSEQUENCE OF:	412  E NC:	Washing node of dying, such a RC	ph ae cardlac or reap  NOMA  Part I. 24a. WAS AI PERFO  1   YES :	West  Interpretation of the second of the se	Approximate Interval Between Onset and Dastif
23. PART I. Enter the diseases, o shock, or heart failund MMEDIATE CAUSE (Final disease or condition esuiting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions of t	a. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE OF:  th but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in  to but not resulting in	t anter the m  E V : : : : : : : : : : : : : : : : : : :	Washing node of dying, such a RC	ph ae cardlec or reap  NOMA  Pert I. 24a. WAS AI PERFO  1   YES :	West	Approximate Interval Between Onset and Dasti
3. PART I. Enter the diseases, o shock, or heart fellum MMEDIATE CAUSE (Final lisease or condition sellting in death)  dequentielly list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST  PART II. Other eignificant conditions are sellting in death.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 6 Pending	a. DUE TO (OR /  DUE TO (OR /	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the Corner to the underlying the University to the Un	Washing node of dying, suc  CARC  Ing cause given in  PLACE OF DEATH (C)  Onne (M) Residence NJURY AT WORK?  YES 2 NO	ph as cardlec or reap  NOMA  Pert I. 24a. WAS AI PERFO  1 YES:	N AUTOPSY RMED? 2 NO INJURY OCCU	Approximate Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Interval Interval Interval Interval
ART II. Other eignificant conditions in vessel in part of the condition and the cond	a. DUE TO (OR /  DUE TO (OR /	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	t anter the m  E	Washing node of dying, such a control of dying, such a control of the control of	ph as cardlec or reap  NOMA  Part I. 24a. WAS AF PERFO  1 YES:  theck only one)  28d. DESCRIBE HOW  28f. LOCATION (Street Chy or Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU	Approximate Interval Between Onset and Dasti  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AND CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  Nexulting In death)  Notice 1 Nexural 6 Pending Investigation of the Medical Inv	B. DUE TO (OR A DU	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	t anter the m  E	Washing node of dying, such a control of dying, such a control of the control of	phase cardles or reap  NOMA  Part I. 24a. WAS AI PERFO  1 YES:  Phock only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Street	NAUTOPSY RMED? 2 M NO INJURY OCCU- end Number or ))	Approximate Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset Interval Between Interval Be
3. PART I. Entar the diseases, or shock, or heart fellum MMEDIATE CAUSE (Final lisease or condition selliting in death)  dequentielly list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST  PART II. Other significant conditions are instant events esulting in death) LAST  ART II. Other significant conditions are instant events event	B. DUE TO (OR A DU	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	t anter the m  E	Washing node of dying, such a control of dying, such a control of dying, such a control of dying cause given in the control of the such a control of the s	phase cardles or reap  NOMA  Part I. 24a. WAS AI PERFO  1 YES:  Phock only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Street	NAUTOPSY RMED? 2 M NO INJURY OCCU- end Number or ))	Approximate Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset and Dasti Interval Between Onset Interval Between Interval Between Onset Interval Between Interval Betwe

1 1 ( \_ ^ 21 3 COLUMN TO THE REPORT OF THE PARTY OF THE PAR , THE DELET PRESCRIPTION 

BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transported that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
BA	Thours after d	illed in by the I	
	hin 2	matio	
13146,	ecuted with	and comple burial, cre	
BOX	ificate be o	physician ane prior to	
P.0.	death cert	attending ental Hygid	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
F VITAL	INSICIAN: The la	is certificate has	
2	IG PH	ter th	
DIVISIO	OR ATTENDIN	DIRECTOR: Af	

60 DIRECTOR: / hours after of Item 28 is

WITHIN 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

THE +

(A

COMPLETED

BE

10

Pages

permit.

1Sit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Charlie S. Gray 2:00p Sept. 16, 1991 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
JAN. 9, 1891 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig MONTHS DAYS HOURS MIN. 1 SM 2 F 100 YRS MARYLAND Should 216-32-8808 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VETERANS ADMIN. DIRECTOR MEDICAL CENTER PERRY POINT CECIL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY MARYLAND DORCHESTER ELLIOTT 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2359 ELLIOTT ISLAND ROAD 21869 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexicen, Puerlo Ricen, etc.)

1 YES 2XX NO Specify: 1 Never Merried 2 X Merried Specify: BY 3 Widowed 4 Divorced WHITE WWI COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 WATERMAN SELF-EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) LEVIN SPRY GRAY CLARA MOORE notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MARGIE E. GRAY RT. 1, BOX41, ELLIOTT, MD 21869 e 20b. PLACE OF DISPOSITION (Name of cometery, crametory or METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1X Buriel 2 Cremation 3 Removal from State
1 Donation 5 Other (Specify) must SPRINGHILL MEMORY GARDENS 9/20 HEBRON, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LIGENSE 22. NAME AND ADDRESS OF FACILITY
ZELLER FUNERAL HOME Jeanne EAST NEW MARKET, MD 21631 medical 23. PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellury. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Float the disease or condition . Congestive Heart Failure resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 in uny PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? shows 1 TES 2 NO t, of H has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h the State d, or Item HOSPITAL: OTHER: 1 TYES 2 NO 1 X Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c. marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After 1 Investigation

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 [ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piace, and due to the caylea(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CORTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Minim. Day, Year) (NY) 153023-I 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Surinderpal Sodhi, M.D., VAMC Perry Point, MD

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

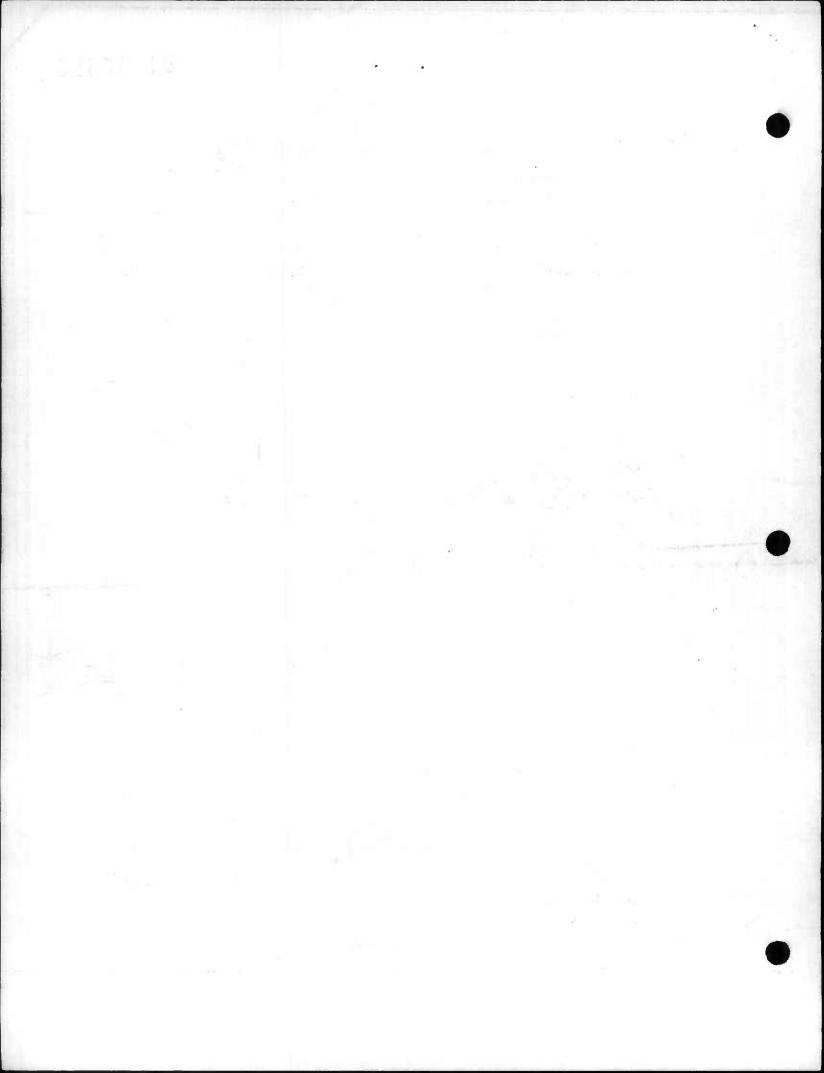
SEP 19 31. DATE FILED (Month '91

6 Could not be determined

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE Guha Savidson-Randell 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



	3	Ç	
	1	ľ	ì
ī	1	ū	į
	ł		
	ĺ	Č	
-	1		
		9	1
	1	Ī	
	i	U	ļ
	-		
	(	c	
	į	Ü	
	I	ľ	l
	-	•	
	1		
	i	į	
	1		
	•	,	
	ì		
ı			

Robert A.

31. DATE FILED (Month, Day, SEP 1

Goralski,

6 1991

1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	1)	CE	-KIIII	CATE	UF	DEATH	2 DATE	REG. NO		- 1	TIME OF DEATH
-	EMILE LOUIS G	ERMAIN						Sept	ember	14, 1	ğ\$1	11:05 P M
	4. SOCIAL SECURITY NUMBER 215-14-6389A	5. SEX	6. AGE (In yrs. les 78	t birthday)YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURE MIN.	Dec	OF BIRTH th, Day, Year) 2. 22,	1912	W.	
TOH	90. FACILITY NAME (If not institution, give Garrett County Messidence of decement		ospital			land	R LOCATION OF D	DEATH			rett	ТН
FUNERAL DIREC	Maryland Garr				, тоwn с akla	nd	ION					d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 513 Dennett Road						ZIP CODE			USA		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, spe	ENDENT OF HISPA ecify Cuben, Mexic 22 NO Spec	en, Puerto		e or No—		American Indian, white, etc. White
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementery/Secondary (0-12) 1 2	OUCATION de completed) College (1-4 or 5 -	(G life.	cepent's ive kind of w Do NOT use	ronk done e retired.)	CCUPATIO during mos	iN at of working		Retail			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Joseph	Germain					18. MOTHER'S N Kathry			sumeme) Reynai	:d	
10	196. INFORMANT'S NAME (Type/Print)  Margaret Germain  19b. MAILING ADDRESS (Street end Number or Flural Poute Number, City or Town, State, Zip Code)  513 Dennett Road Oakland, Maryland 21											550
	209 METHOD OF DISPOSITION 1 B Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SKIMATURE FURNISHED SERVICE		other pl	tt Co	22.	emor:	ial Gard D ADDRESS OF F	lens	P	.O. Bo	d, Ma	ryland
CERTIFICATION	23. PART I. Enter the diseases, on ehock, or heert failure immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO	estic	OVENCE OF	not enter	the mo		ch ss csr	diec or resp			Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant conditi	ons contributing to	deeth but not i	resulting i	n the u	nderlying	g ceuse given f	n Part i.	24a. WAS AP PERFO 1 YES	RMED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I EDIO AL AL		OTHE	R:	ACE OF DEATH (C				1	
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ	RK?		er (Specify) SCRIBE HOW	INJURY OCC	URED	
D BY	2 Accident investigatio 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE C	F INJURY — At ho	eme, farm, s	street, fac	tory, office		281. LO	CATION (Street or Town, State	end Number )	or Rural Rou	te Number,
COMPLETED		ER 1 DERTIFYING PHYSICIAN: To the bast of my powiedge, death occurred at the time, date end place, end due to the cause(e) end mann 2 MEDICAL EXAMINER: On the basic of primination end/or investigation, in my opinion, death occurred at the time, date and place, and the land price of companies.										

NHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

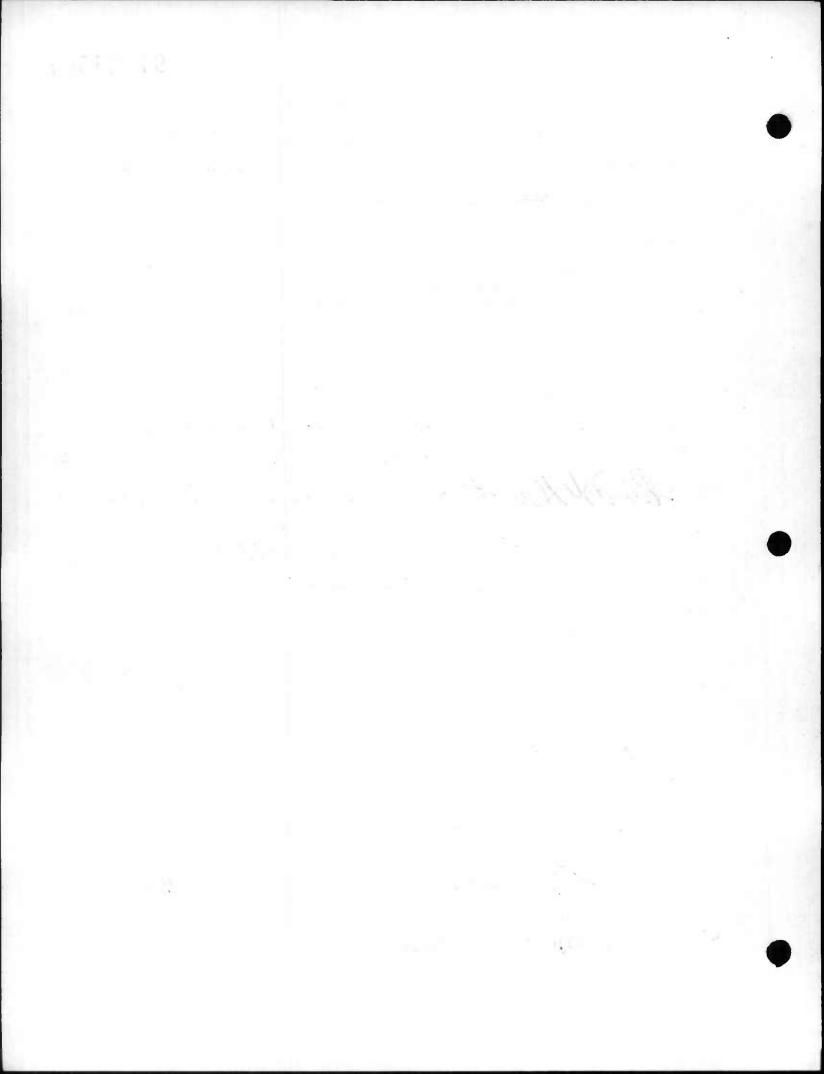
32 REGISTRAR'S SIGNATURE

Javidson Random

M.D.

311 N. 4th St.

Oaklnad, Maryland 21550



	1. DECEDENT'S NAME (First, Middle, Last	)		ICAI	E OF DEATH	REG.		1.	TIME OF THE
	Violet	Luc	4 6	RA	rves	MONTH SCPT	DAY	YEAR	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER 217-36-8519D	1 🗆 M 2 💢 F	(In yrs. lest birthday 85 YRS.	) IF UNDE	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. DATE OF BIRT	H	8. BIRTHPL Country)	ACE (State or Fo
DIRECTOR	9a. FACILITY NAME (If not institution, give	's Hospit	ta/		Y, TOWN OR LOCATION OF	1		TTY OF OEA	
		MARY'S			BOX 71-B2				Od. INSIDE CITY LIMITS?
FUNERAL	I 100. STREET AND NUMBER  LEONARDTOWN				101. ZIP CODE 2065	0		S.A.	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13.	WAS DECENOENT OF HISP If yea, specify Cuban, Mexi 1 ☐ YES 2 ☐ NO Spe	ican, Puerto Rican, ato	y Yes or No—	14. RACE Bleck, N Specify: WHIT	- American Indi White, etc.
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	IIIe. Do NOT	work done	during most of working		F BUSINESS/INO		
E COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH W.	NORRIS			18. MOTHER'S I	NAME (First, Middle, Middle, Middle, Middle, Middle)			
TO B	19a. INFORMANT'S NAME (Type/Print) THOMAS L. GRAVES				S (Street and Number or Run				00050
	20e. METHOD OF DISPOSITION 1		Ob. PLACE AND DATE	E OF DISPO			c. LOCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE L		OUR LADY	22. M2	ENETERY  NAME AND ADDRESS OF ATTINGLEY—GA  O. BOX 270	ARDINER F	UNERAL :	HOME,	P.A.
	23. PART I. Enter the diseases, or	complications that caus	ed the deeth. Do	not enter	the mode of dving, su	ich as cardles or r	espiretory arre	at the same	
	shock, or heert failure IMMEDIATE CAUSE (Finel disesse or condition reaulting in death)	. List only one ceuse on	each line.		sting Cur	A Fail	ure	,	Interval B
IFICATION	IMMEDIATE CAUSE (Finei disesse or condition	s. Telruc + OUE TO (OR AS  DUE TO (OR AS	each line.	onse dipl	stine Cuer ugopetlu	A Fail	ure	, and the second second second second second second second second second second second second second second se	Interval B
BATIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE O	OF):	sting Curr my opethy	A fail	me	ret,	interval B
L CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE O	OF):	sting Curr my opethy	n Part I. 24a. WA. PER	S AN AUTOPSY RFORMEO?	24b. W AN CC	Interval B Onset sno Onset
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART III. Other significant conditions are significant conditions.	b. DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO death  ma contributing to death	A CONSEQUENCE O	OF):	sting Curr my opethy	n Part I. 24a. WA. PEF	S AN AUTOPSY RFORMEO?	24b. W AN CC	Interval B Onset sno Onset
YSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the cause of	B. Tefrac + OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF):  OF):  OTHER 4   Nur	rederiying couse given i	n Part I. 24a. WA. PEF 1 YE	S AN AUTOPSY AFORMEO?	24b. W AN CC	Interval B Onset sno Onset
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	B. Pefrac + OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF):  OF):  OTHER 4   Nur	regrape fly	n Part I. 24a. WA. PEF 1 YE	S AN AUTOPSY RFORMEO?	24b. W/AA/CCCOH	Approxim Interval B Onset sno  Onset sno  Authority B  Au
TED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death of the conditions of	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF):  OF):  OF):  OTHER 4 Nur M OF JURY M	26. PLACE OF DEATH (C. R: aling Homa 5   Residence 28c. INJURY AT WORK?  1   YES 2   NO	n Part I. 24a. WA. PEI 1 YE	S AN AUTOPSY AFORMEO? S 2 NO	24b. WAAACCCOO	Interval B Onset sno  Onset sno  ERE AUTOPSY F AILABLE PRIOR DMPLETION OF C DEATH?  YES 2
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART_II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	B. PLACE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF A CONS	OTHEL  OTHEL  A INTERNATION  A street, fact	26. PLACE OF DEATH (CR: sing Homa 5   Residence 28c. INJURY AT WORK? VES 2   NO tory, office	Theck only one)  28d. DESCRIBE HO  28f. LOCATION (St. City or Town, S. Cit	S AN AUTOPSY HFORMEO? SS 2 NO  OW INJURY OCCI reet and Number of State)	24b. WM AN CC OH 1	Interval B Onset sno
TED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART_II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	B. Tefrac to OUE TO (OR AS DUE TO (Month, Day, Veer) Duilding, stc. (Sp. SICIAN: To the beat of my knowler. On the beat of axamination	A CONSEQUENCE OF A CONS	OTHEL  OTHEL  A INTERNATION  A street, fact	26. PLACE OF DEATH (CR: sing Homa 5   Residence 28c. INJURY AT WORK? VES 2   NO tory, office	n Part I. 24a. WA. PEF 1	S AN AUTOPSY AFORMEO? SS 2 NO  OW INJURY Occi reet and Number of late)  manner ea state e, end dua to the	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval E Onset an Interv

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

FENWICK

32. REGISTRAR'S SIGNATURE Audale Audase

eoNARdTown, Md

12

with property and which

the state of the state of

Adams of the state

the state of the s

ì	for		
200	bed		
	efac		nce
	b ec		o te
2	PI		P
	shor		1
	5		B
-	Dad		be
	tor.		ust
	direc		1
	123		Jine
	fune		Xan
	the	Mal	6
	3	THE L	dic
	2	0	E
and the same of th	JUL /	Hon,	he
	leteh	еша	nt.
	di C	0,	eve
	De C	unia	tic
	in ar	9	JE W
	Sicia	Dio	E
	E	e e	her
	ding	ygie	10
	itten	tal	0 %
	he a	Men	5
	3	pur	-
	Deu	=	9
	Sig	Hea	3WC
	Deen	0	\$
	Sec	Dep	23
	ate	tate	lem me
	rtific	Se	10
	S Ce	4	ò,
	T III	*	arke
	Afte	deat	E
	OR:	ther	80
	RECT	JIS 3	m 2
	10	hou	Ite
	ERAI	rithin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	N	Ē	Z

	1 - STATE REGISTRAR		AND / DEPARTI	MENT OF HEALTH AN	ID MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Leaf)  LEONARD  LEONARD  4. SOCIAL SECURITY NUMBER	L. A. J. th	SDENJEN	GARDNER	2. DATE OF DEATH MONTH DO	AY YEAR	3. TIME OF DEATH 6:30 AM			
	060-05-2804  9a. FACILITY NAME (If not institution, give:	1 ₹ M 2 □ F	91 YRS.	EUNDER 1 YEAR IF UNDER 24 HOURS ME	Month, Day, Year) APRIL 1,	1900 TE	NNESSEE			
DIRECTOR	ST, MARY'S	Hospital	/	Keorardlo		9c. COUNTY OF	N			
	MARYLAND ST.	MARY'S		OWN OR LOCATION LIFORNIA			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	RT. #2, BOX 252		She i	101. ZIP CODE 20619		10g. CITIZEN OF USA	WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D 10-2-18/12	2 NO		SPANIC ORIGIN? (Specify Yea axican, Puarto Rican, atc.) specify:	s or No— 14. RAC Blac Spec	E — American Indian, ck, Whita, atc. city: WHITE			
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION e completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life, Do NOT use re	done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	WILL 2.23			
COMPL	1.2  17. FATHER'S NAME (First, Middle, Last)	4	LAWYER			AL GOVER	NMENT			
	GEORGE W. GARDNI	ER			SNAME (First, Middle, Maiden SSIE E. FOOTI	,				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or R						
F	GEORGE W. GARDNE	ΣR	RT. #	22 NORTH, HII	LISDALE, NEW	YORK 12	529			
	20e. METHOD OF DISPOSITION  1	covat from State	D.PLACE AND DATE OF E netery, cremetory or other EBENEZER	ISPOSITION (Name of	DATE 20c. LO	CATION — City or To				
	22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME, P.A. P.O. BOX 279, LEONARDTOWN, MAR									
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to lon as a	Tach line.	many Fa	such as cerdiac or raspi	ratory arrest,	Approximate Interval Between Onset and Death			
MEDICAL	PART II. Other significant condition	and contributing to death)	wat not resulting the	e underlying cause given	n in Part I. Sta. WAS AN PERFOR	MED?	WERE AUTOPSY FINDRIGS WALLARLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NO   1 Amplifient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 District (Specify)									
ВУ РНУ	27. MANNER OF DEATH  1 Matural 5 Pending Investigation	28e, DATE OF INJURY (Month, Day Year)	28b. TIME OF	28c. INJURY AT	29d. DESCRIBE HOW IN	NURY OCCURED				
	## Absident Investigation  ### Absident Investigation  #### Absident Investigation  ###################################									
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my know	ledge, death occurred a	t the time, data and place, and	dua to the cause(a) and man	ner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		1/05	29s. LICHNSE		29d. DATE SIGNED				
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	X	considio	wa Mi		<i> </i>			
	31. DATE FILED (Month, Day, 1997)	39. RECUSTRAR'S SIGN.		100	N. N.					

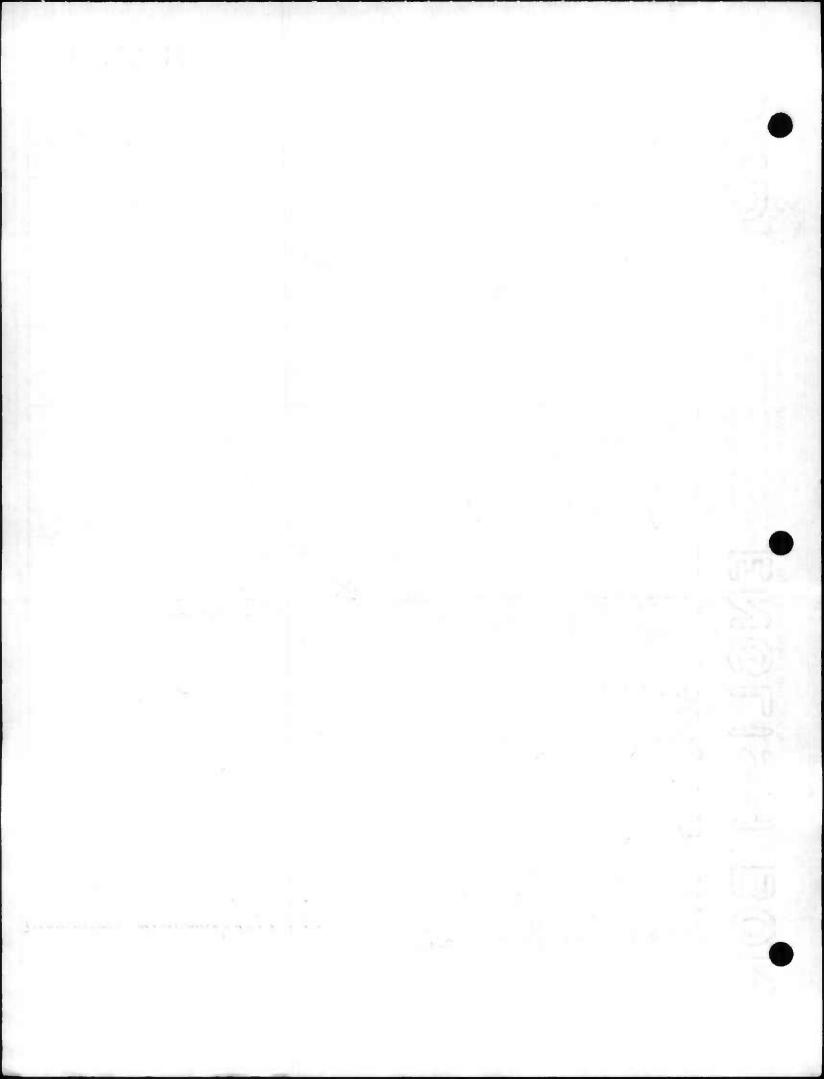
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

PAUL WILLIAM GOETZ  4. SOCIAL SECURITY NUMBER 5. SEX 1. ADE (in yra. lest before) 4. SOCIAL SECURITY NUMBER 7. SEX 1. SEX 1. SECURITY NUMBER 7. SEX 1	
SECURITY NUMBER  SOCIAL SECURITY NUMBER  SOCIAL SECURITY NUMBER  1	OF OEATH
SOCIAL SECURITY NUMBER  220 38 0412  I W 2 F 49  S BETT 49  S BETT 49  S BETT 49  S BETT 50  S BETT	12:05P
220 38 0412  1	
SACRED HEART HOSPITAL  GENERAL OF DECEDENT  106. COUNTY  D. Allegany  106. COUNTY  D. Allegany  106. COUNTY  D. Allegany  106. CITY, TOWN OR LOCATION  Cumberland  William  106. APP CODE  106. PORT  106. APP CODE  106. CITY, TOWN OR LOCATION  Cumberland  William  107. APP CODE  108. CITY OF WHAT COUNTY  LUSA  108. COUNTY  LUSA  108. COUNTY  LUSA  108. CATTAIN OR WHAT COUNTY  LUSA  108. CATTAIN OR WHAT COUNTY  LUSA  108. CATTAIN OR WHAT COUNTY  LUSA  MARTIAL STATUS  PORCES? AND YES 2 100  If YES, GUYEN AND OR LOCATION  (Ripedity of White County County  If YES, GUYEN AND OR Specify  William  108. KINO OF BUSINESS INDUSTRY  City of Cumb  109. KINO OF BUSINESS INDUSTRY  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State Pounts)  109. MAILING ADDRESS (Sines and Number or Rural Ricula Humber, City or Town, State P	
STATE   106. COUNTY   106. CITY, TOWN OR LOCATION   106. CITY, TOWN OR LOCATION   106. MSI   106.	
D Allegany Cumberland    D Allegany Cumberland   Cumberland   Comber   Comb	
Allegany  Cumberland  Mind In the process of the pr	DE CITY
### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  ### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART III. Other aignificant canditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.  #### ART II. Other aignificant conditions contributing to desth but	3 2 NO
MARITAL STATUS   New Married   12. WAS DECEMPATE EVER IN U.S. ARMED PORCES? ANY YES 2   NO IF YES, specify Cuben, Mexicen, Puerto Rican, stc.)   14. RACE — Americ Break, Winter, at 1900 PORCES? ANY YES 2   NO IF YES, Specify Cuben, Mexicen, Puerto Rican, stc.)   18. RACE — Americ Break, Winter, at 1900 PORCES? ANY YES 2   NO IF YES, Specify Cuben, Mexicen, Puerto Rican, stc.)   1900 PORCES? ANY YES 2   NO IF YES, Specify Cuben, Mexicen, Puerto Rican, stc.)   1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will te 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES? AND Specify Will the 1900 PORCES. AND Specify Will	NTRY?
Widowed 4   Divorced   1   YES, GIVE WAR OR DATES   1   YES, CERCEDITY   Specify: White   62-66     18. DECEDENT'S EDUCATION   180. DECEDENT'S USUAL OCCUPATION   190. KINO OF BUSINESS/INDUSTRY   190. MOTHER'S NAME (First, Middle, Maiden Surname)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Revn., Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Revn., Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   411 Race Street Cumberland, MD 21502   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stein, Zip Code)   190. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, S	
16a. DECEDENT'S EDUCATION (Specify ofly highest grade completed)  Elementary?**Secondary (9-12)  12 College (1-4 or 5+)  15 DECEDENT'S USUAL OCCUPATION (Give kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of working file by North and the property of the kind of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down during most of work down down down down down down during most of working files work down during most of working files files by North and the work down down down down down down down down	can Indien, ic.
PART   Elementary Secondary (6-12)   Text. Police Officer   City of Cumb.	
Pather's Name (First, Middle, Last)   18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Sylvia M. Riggleman  a. INFORMANT'S NAME (Type/Print)  Mrs. Linda J. Goetz    Some the discount of the content	
a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Rouber, City or Town, State, Zip Code)  Mrs. Linda J. Goetz  11 Race Street Cumberland, MD 21502  12 Commistion 3 Removel from State Donation 5 Other (Specify)  15 Other (Specify)  16 Other (Specify)  17 SIGNATURE OF FUNERAL SERVICE LICENSEE  12 NAME AND ADDRESS OF FACILITY  18 Carpelli Funeral Home Cumberland, MD 21502  3. PART Enter the diseases, or commission that object the death. Do not enter the mode of dying, such se cerdiec or respiratory arreet, into the sease or condition as a consequence of):  19 DUE TO (OR AS A CONSEQUENCE OF):  19 DUE TO (OR AS A CONSEQUENCE OF):  21 DUE TO (OR AS A CONSEQUENCE OF):  22 D. PLACE AND DATE OF DISPOSITION (Name Control Number Country) and intitiated events are conditions.  22 NAME AND ADDRESS OF FACILITY SCATPELLI Funeral Home Cumberland, MD 21502  23 PART Enter the diseases, or commission that object the death. Do not enter the mode of dying, such se cerdiec or respiratory arreet, into the sease or conditions, and the sease or conditions are conditions.  24 DUE TO (OR AS A CONSEQUENCE OF):  25 DUE TO (OR AS A CONSEQUENCE OF):  26 DUE TO (OR AS A CONSEQUENCE OF):  26 DUE TO (OR AS A CONSEQUENCE OF):  27 DUE TO (OR AS A CONSEQUENCE OF):  28 DUE TO (OR AS A CONSEQUENCE OF):  29 DUE TO (OR AS A CONSEQUENCE OF):  20 DUE TO (OR AS A CONSEQUENCE OF):  20 DUE TO (OR AS A CONSEQUENCE OF):  21 DUE TO (OR AS A CONSEQUENCE OF):  22 D. WERE AUTHOR AND ADDRESS (Street Cumber Country of the following of the underlying ceuse given in Part I.  24 D. WAS AN AUTOPSY PERFORMENT (COMPLET COMPLET):  24 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  25 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  26 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  26 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  26 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  27 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  28 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  29 D. WERE AUTHOR AND ADDRESS (STREET COMPLET):  20 D. WERE AUTHOR AND A	
19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)  Mrs. Linda J. Goetz  111 Race Street Cumberland, MD 21502  20b. PLACE AND DATE OF DISPOSITION (Name)  Duriel 2   Cremation 3   Removal from State  Donestion 5   Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name)  ROCKRY ("Gaip" O'Welterans Cemetery_12   Flintstone, MD  212. NAME AND ADDRESS OF FACILITY  SCArpelli Funeral Home  Cumberland, MD 21502  3. PART / Enter the diseases, or complications that claused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, and shock, or heart fellure. Liet only one ceuse on each line.  3. PART / Enter the diseases, or complications that claused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, lints about 10 put 10 (or as a consequence of):  But To (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  ART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  ARANABLE (OMPLET)  ARANABLE (	
METHOD OF DISPOSITION   Burder   20c. LOCATION — City or Town, State   Donetion   3   Removal from State   ROCKEY CRAIGO NUCLECIANS CEMETERS—12   Flintstone, MD   Carpelli Funeral Home   Cumberland, MD 21502	
Burtel: 2   Cremetton 3   Removal from State   Donetion 5   Other (Specify)   Processor	
SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SCATPOLII Funeral Home Cumberland, MD 21502  3. PART Enter the diseases, or complications that offused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, into the shock, or heert fellure. Liet only one ceuse on each line.  AMEDIATE CAUSE (Finel Island Conditions, envi, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury tait initiated events shoulding in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  ART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  AMEDIATE COMPLET  PERFORMED?  24b. WERE AUTHORS COMPLET  AMELABLE COMPLET  COMPL	
Cumberland, MD 21502  3. PART Enter the diseases, or complications that offused the death. Do not enter the mode of dying, such secendic or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line.  Applicate CAUSE (Finel Issues or condition in the conditions, suiting in death)  DUE TO (OR AS A CONSEQUENCE OF):	
Amediate cause (Fine)    Seese or condition   Sulting in death)	
COPD.  PERFORMED?  COMPLET  COMPLET	
1 U YES	E PRIOR TO
WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
MANNER OF DEATH  260. DATE OF INJURY (Month Day Shart)  280. TIME OF 184. URY WORK?  280. DESCRIBE HOW INJURY OCCURED (Month Day Shart)	
1 Netural 5 Pending (Moran, July, rear)  1 Netural 5 Pending Investigation  M 1 YES 2 NO	
3 Suicide 5 Could not be determined determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	ber,
e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated.  MEDICAL EXAMINER: On the basel of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end men	
b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, D	iner ee stated.
1 ( llepe MD FACP DISCOI > 9/4/51	
D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
V. R. FELIPA MD FACP, 925 Bishon Walsh Dr. Com	
DATE FOR THE PORT OF THE PORT	



TO BE COMPLETED BY FUNERAL DIREC

	once.
	te
	notified
	t be
	SIE
J.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
nours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	medical
tion.	the
, crema	event, the medi
to bunial	umatic
prior	tra
giene	y, or other traus
f	0
Мелта	njury,
h and	amy i
of Healt	Shows
ept.	23
State	Hem
the the	0
With	rked,
death	E
after	28 1
Nours	tem 28

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Frank J.

91

EP 20

Peretti,

M D.

32. REGISTRAR'S SIGNATURE Wia Davidson Par

FOR		STATE OF MAI	RYI AND	/ DEPART	MENT	OF HI	CALTU AND	MENT	AI UVÇIÇN		26	5701
1 - STATE REGISTRAR		OINIE OF IIII.	C	ERTIFIC	CATE	OF	DEATH	MENT	REG. NO			
1. DECEDENT'S NAME (First, A	Middle, Last)								E OF DEATH			3. TIME OF DEATH
KENNETH		W.				HOL	LAND	9	тн bи	1	991	5:35A M
4. SOCIAL SECURITY NUMBE			AGE (In yrs. Is		IF UNDER 1	-	IF UNDER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
221-64-914		1 M 2 F	17	YRS.	IONTHS	DAYS	HOURS MIN.		1e 30,1	974	Coursey	Florida
90. FACILITY NAME (If not insti		reet end number)		1	9b. CITY,		LOCATION OF	DEATH			NTY OF DE	
Rd 216 Rt.						Mi	illingto	on			Ker	nt
	10b. COUNTY			f0c. CITY,	TOWN OF	R LOCATIO	ON					10d. INSIDE CITY
MD		Kent		N	illi		3.7.					LIMITS?
10e. STREET AND NUMBER						101.	ZIP CODE			10a, CITI		1 YES 2X NO
RR Rd 2	216, F	Route 291				2	1651				US	
11. MARITAL STATUS 1 ☑ Never Merried 2 ☐ M 3 ☐ Widowed 4 ☐ Divorce	ed	12. WAS DECEDENT EV FORCES? 1 I	YES 2 3	RMED	H.	AS DECE yes, spec	NDENT OF HISPA city Cuben, Mexic NO Spec	an, Puerto	IN? (Specify Yes Rican, etc.)	or No—	Black,	- American Indian, White, etc.
15. DECEE (Specify only if	DENT'S EDUC	(ATION completed)	16a. D	ECEDENT'S US	SUAL OCC	CUPATION	of working	16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-1:		College (1-4 or 5+)	lith	n. Do NOT use	retired.)	mail and	Of Working					
11				studer	nt						/ Hig	h School
17. FATHER'S NAME (First, Mide Kenneth Way		olland, Sr					18. MOTHER'S N. Donna			Surname)		
190. INFORMANT'S NAME (Typ				AL MAILING A	200000	(Terret and						
Kenneth Way	-11.5	olland, Sr.					Number or Rural		19731	n, State, Zip	Code)	
200. METHOD OF DISPOSITIO	)N			AND DATE OF				OA OA		CATION -	City or Tow	n Clair
1 Buriel 2 Cremetion 4 Donation 5 Other (S	3 🗆 Remo	val from State		tol Ci						ver,		n, State
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE J	nus		22. N	ello	ADORESS OF FA	ral	Home			D 21651
23. PART I. Enter the dis- shock, of has IMMEDIATE CAUSE (Final disease or condition resulting in death)	pit tallule. L	. Smoke a	and so	a.	t antar ti hala	tha mode	a of dying, au	ch aa ca	rdiac or respi	ratory arr	eat,	Approximate interval Batween Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	ata G	OUE TO (OR	AS A CONSE	EOUENCE OF):								
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	1.		AS A CONSE	OUENCE OF):								
PART II. Other eignificant	conditions	contributing to dea	th but not	resulting in	the und	leriying	cause givan in	Part i.	24e. WAS AN PERFOR TXT YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL						CE OF OEATH (CI	heck only o	one)			
1 YES 2 □ NO		HOSPITAL: 1 □ Inpetient 2 □ ER/	/Outpatient :		OTHER:		5 XResidence	a 🗆 Oth	er (Specify)			
	anding	28e. DATE OF INJU (Month, Day, Ye 9-8-9)	bar)	28b. TIME O INJUR 3: 22	OF 2	ac. INJUF	RY AT	28d. OE	scribe How in			`p
3 Suicide 8 S Co	ould not be itermined	28e. PLACE OF INJ building, atc. ( HOUSE	JURY — Al ho (Specify)					28f. LO	CATION (Street e or Town, State)	nd Number	or Rural Ros	
29e. CERTIFIER (Check only one) 2 MEDICA	YING PHYSIC	CIAN: To the best of my k	knowledge, de	eath occurred i	at Jhe time	ne, date er Inlon, dea	nd place, end due	to lhe ca	use(s) and men	ner es state	ed.	MD

29c. LICENSE NUMBER

111 Penn St., Balto., MD

PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

OCME

21201

29d. DATE SIGNED (Month, Day, Year)

9-9-91

in the second se

1, 2, 3

permit.

examiner medical the event, other traumatic 6 certificate has been signed by the atter 23 shows any Hem the 0 with t marked, death v L DR ATTENDING P L DIRECTOR: After the C hours after death v

The

PHYSICIAN:

TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: It ii HOSPITAL

2

8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(D-33514)

32. REGISTRAR'S SIGNATURE

whia Davidson-Randall

Michael Bienenfeld, M.D.

31. DATE FILED (Month, Day, Year)

'91

SFP 1

DIVISION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH September 14 199 11;43 A M Ida Louise Hepbron 4. SOCIAL SECURITY NUMBER 5. SEFem 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a, BIRTHPLACE (State or Foreign Jan 22, 87 MONTHS DAYS HOURS Maryland 219 36 6383 1904 1 🗌 M 2 🔀 F VBS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Kent & Oueen Annes Hospital Inc. Chestertown Kent DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Church Hill 10d. INSIDE CITY 10a. STATE Queen Anne Maryland YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21623 Rte # 19 USA 11. MARITAL STATUS never Maried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES NO 14. RACE — American Indien, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noff yes, specify Cuban, Mexicen, Puarto Rican, etc.)

1 YES 2 NO Specify: BY White 3 Widowed 4 Divorced No COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade comp Elementary/Secondary (0-12) 4 College (1-4 or 5+) Public School Teacher Board of Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Hepbron Laura Jewell BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Rock Hall, Md. 21661 Morris Paschall (Nephew) 20a. METHOD OF DISPOSITION Burial
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata Chester Cemetery (Sept. 16, 1991) Chestertown, Md. 4 Doneylon 6 Other (Specify) 21. SIGNAT OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 Chestertown, Md. 21620 J. Willis Wells 23. PAPER. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Circhosis COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (Vinpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigation 1 YES 2 NO BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be 4 Homicide COMPLET 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

033514

Chestertown, Md. 21620

7-16-

Í	2- HOURS
ő,	within
1314	te be executed within 2
×	2
O. BO	CIAN: The law requires that the death certificate be
σ.	death
S	E S
문	that
300	requires
	AM.
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN:
/ISION	SPITAL OR ATTENDING PHYSICIAN
$\leq$	DR
اس	HOSPITAL
	王
	-

		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICA	IE OF	DEATH	2. DATE OF CEATH MONTH D	Y YE	3. TIME OF DEATH			
		Isaac Morris		tarris			8 2	6 9	-0-0-			
	. 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la	240477	HS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. OATE OF BIRTH (Month, Day, Year)	6. 1	SIRTHPLACE (State or Foreign Country)			
"D		222-05-6640 1XM	0	3 YRS.			8-25-0	8 1	laryland			
3 1		9a. FACILITY NAME (If not institution, give street and no	umber)	96. 0	CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
-	P.	16 water Street	21912	L W	burus	ick		Ceci	t			
-	Ö	RESIDENCE OF DECEDENT		10c. CITY, TOV	MN OR LOCAT	TON			10d, INSIDE CITY			
8-	DIRE			ware					LIMITS?			
T I	- 4	Maryland Cecil		deri	_	ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?			
8.	AA	1850 SWITH LINE WATER			100				ed States			
r use as the burial-trans	FUNERAL	16 water Street  11. MARITAL STATUS  12. WAS	OECEDENT EVER IN U.S. A		12 WAS DEC	21912 ENDENT OF HISBAN	IC ORIGIN? (Specify Yes		RACE — American Indian,			
burial-tran		1 News Married 2 Married FORG	CES? 1 YES 2 CES, GIVE WAR OR DATES	NO NO	If yes, sp	ecify Cuban, Maxica	n, Puarto Rican, etc.)	19.	Black, White, etc.			
the	B	n i dittament a l Dhones et	in Known		1 L YES	2 NO Specify	re . F		Specify: Black			
88	ED	15. OECEDENT'S EOUCATION	16a, D	ECEDENT'S USUA	L OCCUPATION	ON	16b, KIND OF BU	SINESS/INDUST				
for use	ш	(Specify only highest grade completed, Elementary/Secondary (0-12) College		'Give kind of work do fe. Do NOT use retin	one during mo ed.)	st of working						
	집	and ande		ryster	Repo	eir man	Automo	bile				
detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden					
a te		YNKNOWN				A.C.	a was	ers	StE1/A)			
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)	1	96. MAILING ADDI	RESS (Street a	and Number or Rural F	Toute Number, City or Tow					
S E	2	Melvin Ringgold	(nepheus)	16 000	ster	Street	waru	ick, A	ND 21911			
ctor, page nust be		20a. METHOD OF DISPOSITION	20b. PLACE	E OF DISPOSITION		metery, crematory or		CATION — City				
director, p		1 □ Burial 2 □ Cremation 3 □ Ramoval from 4 □ Donation 5 □ Other (Specify)	State other p	DALES	CEM	ETERY	мт	DDLETO	WN DELAWARE			
		21. SIGNATURE OF FUHERAL SERVICE LICENSEE	0			NO ADDRESS OF FA		DDBLLO	WIN DEBAWARE			
tuneral di		School 6n	River		MTNII	S FINERA	I. HOME 222	N Ou	een St. Dove			
in by the firemoval.		23. PART I. Enter the diseases, or complice	princes									
and completely filled in the burial, cremation, or matic event, the me		IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	arcinoma of DUE TO (OR AS A CONSE	the e	ft lur	ng with c	eclusion (	of mair	Onset and Das bronhus 6 n			
ng physician and c giene prior to buri other traumatic	CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
2 5 5	<u> </u>								i			
BE	- 15	resulting in death) LAST							j			
를 를 늘		d	witing to death but not	regulting in the	a underluin	a cause about to	Dort I 240 MAC AL	ALTOROV	TAL WERE AUTORY FINISH			
by the attending Memtal Hy		PART II. Other significent conditions contril		_		_	PERFO	RMED?	AVAILABLE PRIOR TO			
ed by the attendi th and Mental Hy any injury, or	CAL	PART II. Other significent conditions contrib Carcinoma of the le	ft ureter-t	_		_		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?			
en signed by the attendi of Health and Mental Hy shows any injury, or	MEDICAL	PART II. Other significent conditions contril	ft ureter-t	_		_	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
as been signed by the attendi bept. of Health and Mental Hy 23 shows any injury, or	MEDICAL	PART II. Other significent conditions contrib Carcinoma of the le	ft ureter-t	_	onal d	ell with	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?			
has been signed by the attendi Dept. of Health and Mental Hy n 23 shows any injury, or	MEDICAL	PART II. Other significent conditions contril Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSP	ft ureter-t	ransiti	onal (	cell with	PERFOI 1 YES :	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?			
ertificate has been signed by the attendine State Dept. of Health and Mental Hy or Item 23 shows any injury, or	SICIAN: MEDICAL	PART II. Other significent conditions contril Carcinoma of the le  occlusion of the u  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO   1   Inp	ft ureter-t	ransiti	onal (	LACE OF DEATH (Ch	PERFOIL  1 VES :	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO			
ertificate has been signed by the attendine State Dept. of Health and Mental Hy or Item 23 shows any injury, or	PHYSICIAN: MEDICAL	PART II. Other significent conditions contril Carcinoma of the le  occlusion of the u  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO   1   Inp	ft ureter-t	ransiti	26. PI HER: Nursing Hon 28c. IN.	Cell With	PERFOI 1 YES :	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO			
this certificate has been signed by the attendi with the State Dept. of Health and Memal Hy rked, or Item 23 shows any Injury, or	SICIAN: MEDICAL	PART II. Other significent conditions contrib Carcinoma of the le  occlusion of the u  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	eft ureter-t reter.  PITAL: Laftent 2 ER/Outpatient a. DATE OF INJURY (Month, Day, Year)	ansiti	26. PI HER:   Nursing Hon WC	Cell With	PERFOI 1 VES :	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO			
After this certificate has been signed by the attendideath with the State Dept. of Health and Mertal Hy smarked, or Nem 23 shows any Injury, or	BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1   YES 2   NO	eft ureter-t meter.  PITAL: estient 2 = ER/Outpatient a. DATE OF INJURY	ansiti	26. PI HER:   Nursing Hon WC	Cell With	PERFOIL  1 VES :	NAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO			
TOR: After this certificate has been signed by the attendi after death with the State Dept. of Heath and Mental Hy 28 Is marked, or Nem 23 shows any injury, or	BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inp  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be detarmined	PITAL: attent 2 ER/Outpatient a. DATE OF INJURY (Month, Day, Year)  e. PLACE OF INJURY — All houlding, etc. (Specify)	ansiti	26. PI HER: Nursing Hon 28c. IN. WC 1   , factory, office	Cell With	PERFOL  1 VES :  1 VES :  2 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO			
L DIRECTOR: After this certificate has been signed by the attendi 2 hours after death with the State Dept. of Heath and Mental Hy filem 28 is marked, or Item 23 shows any injury, or	BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  OCCLUSION of the U  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PITAL:  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 4 EN/Outpatient  Deficit 5 EN/	3 DOA OT 28b. TIME OF INJURY	26. PI HER: Nursing Hon 28. IN. WC 1   , factory, office	LACE OF DEATH (Ch. The 5 M Residence JURY AT JURY 2 NO Teles	PERFOL  1 VES :  1 VES :  2 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	RMED?  R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OGATH?  1 YES 2 NO			
L DIRECTOR: After this certificate has been signed by the attend 2 hours after death with the State Dept. of Health and Mental hy if item 28 is marked, or Item 23 shows any injury, or	BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	PITAL:  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 4 EN/Outpatient  Deficit 5 EN/	3 DOA OT 28b. TIME OF INJURY	26. PI HER: Nursing Hon 28. IN. WC 1   , factory, office	LACE OF DEATH (Ch. The 5 M Residence JURY AT JURY 2 NO Teles	PERFOL  1 VES :  1 VES :  2 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	RMED?  R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO			
L. DIRECTOR: After this certificate has been signed by the attendi 2 hours after death with the State Dept. of Heath and Mental Hy filem 28 is marked, or Item 23 shows any injury, or	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  OCCLUSION of the U  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PITAL:  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 4 EN/Outpatient  Deficit 5 EN/	3 DOA OT 28b. TIME OF INJURY	26. PI HER: Nursing Hon 28. IN. WC 1   , factory, office	LACE OF DEATH (Ch. The 5 M Residence JURY AT JURY 2 NO Teles	PERFOI  1 VES :  2 Other (Specify)  3 Other (Specify)  4 Other (Specify)  2 Other (Specify)  3 Other (Specify)  4 Other (Specify)  4 Other (Specify)  4 Other (Specify)  4 Other (Specify)  5 Other (Specify)  5 Other (Specify)  6 Other (Specify)  6 Other (Specify)  6 Other (Specify)  6 Other (Specify)  6 Other (Specify)  7 Other (Specify)  7 Other (Specify)  7 Other (Specify)  7 Other (Specify)  8 Other (Specify)  8 Other (Specify)  8 Other (Specify)  8 Other (Specify)  9 Other (Specif	NJURY OCCUR	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO			
L DIRECTOR: After this certificate has been signed by the attend 2 hours after death with the State Dept. of Health and Mental hy if item 28 is marked, or Item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	PITAL:  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 2 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 3 EN/Outpatient  Deficit 4 EN/Outpatient  Deficit 5 EN/	3 DOA OT 28b. TIME OF INJURY	26. PI HER: Nursing Hon 28. IN. WC 1   , factory, office	LACE OF DEATH (Ch. ne 5 \$ Presidence JURY AT JRK? YES 2 NO ne a and place, and due	PERFOL  1 VES:  1 VES:  2 VES:  2 VES:  2 VES:  2 VES:  2 VES:  3 VESC IN VESC	and Number or interest stated, and due to the company.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO  Rural Route Number,  Buse(a) and manner as stated.  GNED (Month, Day, Year)			
L. DIRECTOR: After this certificate has been signed by the attendi 2 hours after death with the State Dept. of Heath and Mental Hy filem 28 is marked, or Item 23 shows any injury, or	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	PITAL: and the period of the p	ansiti	26. PI HER: Nursing Hon 28c. INL WC M 1   , factory, office the time, data my opinion, c	LACE OF DEATH (Ch.  10 5 % Residence  10 10 10 10 10 10 10 10 10 10 10 10 10 1	PERFOL  1 VES:  1 VES:  2 VES:  2 VES:  2 VES:  2 VES:  2 VES:  3 VESC IN VESC	and Number or interest stated, and due to the company.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO  FOR THE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO  FOR THE PRIOR TO COMPLETION OF CAUSE OF THE PRIOR TO COMPLETION OF THE PRIOR TO COMPLETI			
L. DIRECTOR: After this certificate has been signed by the attendi 2 hours after death with the State Dept. of Heath and Mental Hy filem 28 is marked, or Item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  occlusion of the u  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1   YES 2   NO   1   inp  27. MANNER OF DEATH   286 2   Accident   Investigation   3   Suicide   6   Could not be   datarmined    29e. CERTIFIER   CERTIFYING PHYSICIAN: To (Check only one)   2   MEDICAL EXAMINER: On the    29b. SIGNATURE AND TITLE OF CERTIFIER   CALCAGE COMPL	PITAL:  patient 2 ER/Outpatient  a. DATE OF INJURY (Month, Day, Year)  e. PLACE OF INJURY — All building, etc. (Specify)  the best of my knowledge, or besie of axaminstion and/o	ansiti  DOA 4  28b. TIME OF INJURY  home, farm, street, death occurred at or investigation, in	26. PI HER: Nursing Hon 28c. INL WC M 1   , factory, office the time, data my opinion, c	LACE OF DEATH (Ch.  10 5 % Residence  10 10 10 10 10 10 10 10 10 10 10 10 10 1	PERFOL  1 VES:  1 VES:  2 VES:  2 VES:  2 VES:  2 VES:  2 VES:  3 VESC IN VESC	and Number or interest stated, and due to the company.	COMPLETION OF CAUSE OF OEATH?  1  YES 2 NO  FOR A No. 1 No.			
DIRECTOR: After this certificate has been signed by the attend hours after death with the State Dept, of Health and Mertal Hy tem 28 is marked, or Nem 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contril  Carcinoma of the le  Occlusion of the u  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inp  27. MANNER OF DEATH  1   Netural 6   Pending Investigation   2   Accident   286  4   Homicide 6   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the  29b. SIGNATURE AND TITLE OF CERTIFIER  1   CRITIFIER   CHOCK   COULD NOT COMPLETED   COULD NOT COUNTED   COUNTED   COUNTED   COULD NOT COUNTED   COUNTE	PITAL:  patient 2 ER/Outpatient  a. DATE OF INJURY (Month, Day, Year)  e. PLACE OF INJURY — All building, etc. (Specify)  the best of my knowledge, or besie of axaminstion and/o	3 DOA 4 DOA 20b. TIME OF INJURY  death occurred at or investigation, in	26. PI HER: Nursing Hon 28c. INL WC M 1   , factory, office the time, data my opinion, c	LACE OF DEATH (Ch.  10 5 % Residence  10 10 10 10 10 10 10 10 10 10 10 10 10 1	PERFOL  1 VES:  1 VES:  2 VES:  2 VES:  2 VES:  2 VES:  2 VES:  3 VESC IN VESC	and Number or interest stated, and due to the company.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?  1 YES 2 NO  Rural Route Number,  Buse(a) and manner as stated.  GNED (Month, Day, Year)			

E. J. See M. See P. See P. See S. See All the first the second for the by the second 

	1. DECEDENT'S NAME (First, Middle, Li	esti	CERTIFI	ICATE OF	DEATH	2 0470	REG. NO.	/02 1	Tue 05 5515	
	ARCH		ERGER			2. DATE O	F DEATH 9/17	97 3.	7:31 A	
)	4. SOCIAL SECURITY NUMBER 220–28–2746	150 M 2 D F	GE (In yrs. last birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH 3, 1934	8. BIRTHPLA Country) Mary	ACE (State or Foreign	
ECTOR	98. FACILITY NAME (If not institution, garderick Mem	orial Hospita	al		or Location of De ederick	EATH		reder		
E	10a. STATE 10b. COL		10c. CITY	r, TOWN OR LOCA	ation ederick				d. INSIDE CITY LIMITS?	
FUNERAL	1311 Applet	ree Ct.		1	of. ZIP CODE 2170.	1	10g. CIT	IZEN OF WHA		
BY	11. MARITAL STATUS  1 Never Married	12. WAS DECEDENT EVER FORCES? 1 1 1 YE IF YES, GIVE WAR OF 1957-19	ES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 (200 Specify	n, Puerto Ric	(Specify Yea or No— can, atc.)	Specify:	American Indian, hita, atc.	
LETED	15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S I (Give kind of w life. Do NOT use	vork done during m e retired.)	nost of working		IND OF BUSINESS/IN			
E COMPL	12 17. FATHER'S NAME (First, Middle, Last) Archie O	. Hansberger		ng Insp	18. MOTHER'S NA	ME (First, Mic	City Government (City Meiden Surname)  zabeth Bee		· · · · · · · · · · · · · · · · · · ·	
TO B	19a. INFORMANT'S NAME (Type/Print)  Ruth A. Hansb		19b. MAILING		and Number or Rural I	Route Number	City or Town, State, Zi	Code)	1	
	Ruth A. Hansberger  200 METHOD OF DISPOSITION  201 METHOD OF DISPOSITION  202 METHOD OF DISPOSITION  203 PLACE AND DATE OF DISPOSITION (Name of cameron, green along or other place Cemetery)  204 Denation 5 Other (Specify)  205 PLACE AND DATE OF DISPOSITION (Name of cameron, green along or other place Cemetery)  207 PLACE AND DATE OF DISPOSITION (Name of cameron, green along or other place Cemetery)						20c. LOCATION -	City or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872									
	Co Cook	Molesman	th	0lin 2640	L. Moles	sworth	n,P.A.	Md. 20	0872	
	23. PART I. Enter the diseases, ehock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. A CUTE	eech line.	ot enter the m	1 Ridge I	Rd. I	Damascus,	Md. 20	Approximete Interval Between	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. A C N T E  OUE TO (OR AS	E MYO	2640 ot enter the m	1 Ridge I	Rd. I	Damascus,	Md. 2	Approximete interval Betwee Onset and Deat	
MEDICAL CE	IMMEDIATE CAUSE (Finai disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	a. A C N T E OUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d	S A CONSEQUENCE OF	2640 ot enter the m  CA72D l  ):  n the underlylr	Parage I and a series of the s	Rd. In as cordio	Damascus,	24b. WEI AMM	Approximete interval Betwee Onset and Deat	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART ii. Other eignificent conditions of the conditions of th	a. A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	S A CONSEQUENCE OF	2640 ot enter the m  CAPD I  i  i  i  the underlylr  28. P	PLACE OF OEATH (Che	Pert I. 2	Damascus, c or reepiretory ar  2	24b. WEI AMM	Approximete interval Betwee Onset and Deat III III III III III III III III III I	
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other eignificent conditions of the condition of the condition of the condition of the cause. EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE TO (OR AS  A C N T E OUE TO (OR AS  DUE	S A CONSEQUENCE OF	2640 ot enter the m  CA72D l  : : : : : : : : : : : : : : : : : :	AL In	Pert I. 2	Damascus, c or reepiretory ar  2	24b. WE AWA CO'OF	Approximete interval Betwee Onset and Deat III	
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finai disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in death) LAST  PART II. Other eignificent conditions of the condition of	a. A C U T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  Utpetternt 3 □ DOA  WY 28b. TiMe INJU	2640 ot enter the m  CA72D l  ii:  ii:  n the underlylr  28. P  OTHER: 4   Nursing Hor  OF   28c. IN  WY  M   1	PLACE OF OEATH (Che The 5   Residence ORK?  YES 2   NO	Pert I. 2  One of the control of the	Damascus, c or reepiretory ar  22 TIUN  44. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WE AMA COP 1	Approximete interval Betwee Onset and Deat I - 2	
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other eignificant conditions of the conditions of th	a. A C U T E OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  utpettent 3 DOA  W  28b. Time INJU  RY — At home, ferm, st  pocity)  owledge, death occurred	2640 ot enter the m  CAPZD { ): ): ):  n the underlylr  The correct of the correc	TRIDGE I ode of dying, auci  AL II  ing ceuse given in  clace of OEATH (Che the 5   Residence JURY AT ORK? YES 2   NO ce	Pert I. 2  Deck only one)  City or  to the cause	Damascus. c or reepiretory are  22 TLUN  4a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  Specify)  NIBE HOW INJURY OC  ON (Street and Number fown, State)	24b. WE AM COOP 1 [	Approximete Interval Betwee Onset and Deat   1 - 2 dogg	

10+1 UA

Sept. 17 170

the staye will rate for any subtile

to Head

stands C. Tarabetrari, J. Carl

and the self-restrict the self-restrict the self-restrict to the self-re

76400 State Td. Water B.

Softmanus medica

. to add a few Lines

. The Drive Statetery State of the State

1760, BALTIMORE, MARYLANI	ted within 24 hours after death. Page 6 may be retained by the hos	completely filled in by the funeral director, page 5 should be detache al, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachted be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First, Middle, Last)			CERTIF					2.0	REG. I		-	3. TIME OF DEATH
	DRED	HALLSA		Hu	rle	-4		100	onth ptember	DAY	YEAR	1530
4. SOCIAL SECURITY NUMBER 218 - 09 - 9165	5. SEX	6. AGE (In yrs. 77	lest birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. D.	ATE OF BIRTH forth, Day, Year PT. 1,	)	B. BIRT	THPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF (		El. l,	-	UNTY OF	
PENINSULA GI	ENERAL HO	SPITAL			SAI	LISBU	URY					COMICO
10a. STATE 10b. COUNT				TY, TOWN C								10d. INSIDE CITY
MARYLAND DORC	HESTER		EAS	r New								1 X YES 2 NO
107 MAIN STREET					10	21	631			10g. Ci	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. I YES 2 DAMES OR DATES	ARMED XNO		I1 yes, sp	ENDENT ecity Cub 2 XNO	an, Mexic	an, Pue	IGIN? (Specify rto Rican, etc.)	Yea or No-	Ble	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	e completed)		DECEDENT'S (Give kind of ite. Do NOT u	USUAL Of work done (	CCUPATIO	ON ost of works	ing		16b. KIND OF	BUSINESS/IN	DUSTRY	***************************************
	College (1-4 or 5	+)	CATOR						PUBLIC	SCHOO	DL S	YSTEM
17. FATNER'S NAME (First, Middle, Last)  RALPH ORVILLE HA	LLSA						NER'S N		st, Middle, Maid MAR	len Surneme)		
19a. INFORMANT'S NAME (Type/Print)	C.D.		19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route N	lumber, City or i	own, State, Zi	p Code)	
CHARLES F. HURLEY	, SR.	J	2. 0.	BOX	236	, EA	ST N	EW .	MARKET	, MD :	2163	1
20a. METNOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Ren 4 Donation 6 Office (Specify)	noval from State	20b. PLAC cemetery, of EAST	E AND DATE OF THE NEW NEW N	of DISPOS ther place)	T C1	me of	FRV	1		LOCATION -		RKET, MD
21. SIGNATURE OF FUNERAL SERVICE L	CHINSPE	///	11211 1	22.	NAME AN	ID ADORE	SS OF E	ACII ITY		ST NE	W MA	KKEI, FID
- Valence III				LZE	${ m I.I.EI}$	RIII	MFRA	T. H	OME			
28. PART . Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition	Zan only gla car	ase on each in	deeth. Do r	EA	LLEI ST 1	R FUI NEW I	MARK	ET,	MD 21	631 optratory ar	reat,	Onset and De
The state of the s	DUE TO	(OR AS A CONS	EOUENCE OF	EAnot enter	ST I	NEW 1	MARK	ET,	MD 21	piratory ar	reat,	Onset and Dea
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE OF	EAnot enter	ST I	NEW 1	MARK	ET,	MD 21	piratory ar	reat,	Onset and Dea
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO d. DUE TO	(OR AS A CONS	EOUENCE OF	EAnot enter	ST I	NEW 1	MARK	ET,	MD 21 rardisc or rel	IN AUTOPSY ORMED?		Interval Betwee
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d. DUE TO	(OR AS A CONS	EOUENCE OF	EAnot enter	LLEI ST I the mo	NEW 1	MARK	ET, ch as c	MD 21 rardisc or received and the second sec	IN AUTOPSY ORMED?		b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO d. DUE TO HASPITAL:	(OR AS A CONS	EOUENCE OF	EAnot enter	the mo	MEW 1 de of dy	MARK	ET, och an c	MD 21 ardisc or received and 21 24e. WAS PERF 1 YES	IN AUTOPSY ORMED?		Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant conditions.  When a condition condition cause in the cause condition cause in the cause condition cause condition cause conditions.	DUE TO  b. Sque  bue To  c. Due To  d	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  death but not	EOUENCE OF FEBRUARY STATES OF THE STATES OF	EAnot enter  F):  OTHER 4   Nurse of	derlying  26. PL  1: Ing Norm  28c. INJI  28c. INJI  28c. INJI	MEW 1 de of dy de of dy ace of D s = Re	MARK	ET, the as c	MD 21 ardisc or received and 21 24a. WAS PERF 1 YES	IN AUTOPSY ORMEO?	241	b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  August Color (Condition)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	B. PREU DUE TO b. Sq Je DUE TO d. DUE TO d. HOSPITAL: 1 Jopethan 2 Lea OATE OF (Month, D.	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  death but not  ER/Outpetient  INJURY  99, Year)	EOUENCE OI  EOUENCE OI  resulting I  3 □ DOA  28b. TIMINUM	EAnot enter  F):  OTHER 4   Nurse of URY M	derlying  26. PL  1: Ing Norm 28c. INJ 1 Y	ACE OF D  S Reverses  ACE OF D  S Reverses  Reverses  ACE OF D	MARK  Ing, successful of the second of the s	ET, och as c	MD 21  ardisc or received and articles are received as a received and are received as a received and are received as a received	AN AUTOPSY ORMED?  2 M NO	24I	b. WERE AUTOPSY FINDHNO AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATIN?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  Apple College Condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1 Dipetient 2  28e. DATE OF (Month, D.)  28e. PLACE OF (Month, D.)	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  death but not	EOUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	EAnot enter  F):  OTHER 4   Nurse of URY M	derlying  26. PL  1: Ing Norm 28c. INJ 1 Y	ACE OF D  S Reverse S 2	MARK  Ing, successful of the second of the s	Part I.	MD 21 ardisc or received and 21 24a. WAS PERF 1 YES	UN AUTOPSY ORMEO?  2 M NO  1 INJURY OC	24I	b. WERE AUTOPSY FINONNAMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATIN?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Nature 5 Pending Investigation  29 Accident Investigation of the determined Check only  1 CERTIFIER (Check only)	DUE TO b. DUE TO c. DUE TO d HOSPITAL: 1 Dipetient 2 28e. OATE OF (Month, D. 28e. PLACE Of building,	(OR AS A CONS  (OR AS	EOUENCE OF FEOUENCE  EAnot enter  F):  F):  OTHER 4   Nurs E OF URY M   Interest   factor  ed at the tire	derlying  26. PL  1: Ing Norm 28c. INJI WO 1	ACE OF D  ACE OF D  JRY AT  RK?  and plece	MARK Ing, such	Part I.	MD 21  andisc or received and second and sec	AN AUTOPSY ORMED?  2 No No No No No No No No No No No No No No N	24l	interval Betwe Onset and Dei Albert School S	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO b. Sq Jo bue To c. DUE TO d. DUE TO DU	(OR AS A CONS  (OR AS	EOUENCE OF FEOUENCE  EAnot enter  F):  F):  OTHER 4   Nurs E OF URY M   Interest   factor  ed at the tire	derlying  26. PL  1: Ing Norm 28c. INJI WO 1	ACE OF D  ACE OF D  S GREAT  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D	MARK Ing, such	Part I.	MD 21  andisc or received and second and sec	AN AUTOPSY ORMEO?  2 M NO  1 INJURY OC  1 and Number by	CURED  r or Rural	b. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF OEATN?  1 YES 2 NO	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO b. Sq Jo bue To c. DUE TO d. DUE TO	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  death but not  (INJURY ay, Year)  This injury — At heater, (Specify)  my knowledge, of camination and/or	EOUENCE OF FEBRUARY STATES OF THE STATES OF	EAnot enter  F):  OTHER 4 - Nurs E OF URY M street, factored at the tir	derlying  26. PL  1: Ing Norm 28c. INJI WO 1	ACE OF D  ACE OF	MARK Ing, such	ET, ch as c c c c c c c c c c c c c c c c c c	MD 21  ardisc or recovery to the respective to the recovery to	AN AUTOPSY ORMEO?  2 M NO  1 INJURY OC  1 and Number  2 and und to the	24l  CURED  r or Rural  led.  ne cause(c	Interval Betwee Onset and Des AMB AROU DES AROU DES AROU DE AMBLABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?  1 YES 2 NO

U.S.A.

BLACK

Specify:

14. RACE — American Indien, Black, White, etc.

OF DEATH?

DIRECTOR

FUNERAL

B

ETED

COMPL

2

notified at BE

pe

must

examiner

the

traumatic event,

or other

injury,

any

shows a

23

item

0

marked,

28 is

tem

=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

10

Pages 1, 2,

permit.

page 5 should be detached for use as the burial-transit

funeral director,

the sta medical

filled in by

completely

attending physician and

been signed by the attent. of Health and Mental

certificate has been the State Dept. of

THE HUSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has bit filed within 72 hours after death with the State Dept.

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: B

requires that the death certificate be executed within

OF VITAL RECORDS, P.O. BOX 13146,

DIVISION

0

Hygiene prior to burial, cremation,

urs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR		STATE OF M					IEALTH DEAT		MENTAL HYGIENI REG. NO.	E 9	1	26706
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF OEATH
DOR	IS HEI	LM_							9 10 199	•	YEAR	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last i	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH			IPLACE (State or Foreign
213-32-45	593	1 🗌 M 2 💢 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1 25 193	7	M A 1	RYLAND
90. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH	9c. COUN		
4 BATES S		<u> </u>			A1	INAI	OLI	S		AN	INE	ARUNDEI.
10e. STATE	10b. COUNTY	,		10c CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
"	100.000111			100, 011	1, 10411	on Louis	IION					LIMITS?
MARYLAND	ANN	NE ARUN	DE-L		ANNA	POI	TS					1 YES 2 NO

4. SOCIAL SECURITY NUMBER 213-32-459 9e. FACILITY NAME (# not institu BATES ST RESIDENCE OF DECE 10e. STATE MARYLAND ANNE ARUNDEL ANNAPOLIS 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101, ZIP CODE 4 BATES STREET 21401 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) CHILD CARE PROVIDER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) JAMES BOOTH LILLIAN CARROLL 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) BILLIE HELM BATES ST. ANNAPOLIS. MD. 20e. METHOD OF DISPOSITION
1 ◯ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or PINELAWN 4 Donation 5 Other (Specify) MEM. PARK

21401 20c. LOCATION — City or Town, State

MD21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 8 2 1 WEST NT: ANNAPOLIS REESE & SONS MORTUARY, P.A.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats ahock, or heart failure. List only on IMMEDIATE CAUSE (Final Onset and Death LOID EY disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 9 Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF).

that initiated eventa resulting in dasth) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO

1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Netural 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be datermined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner ee stated.

2 MEDICAL EXAMINER: On th nination and/or investigation, in my opinion, death occured at the time, date and piece, end dua to the ceuse(e) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

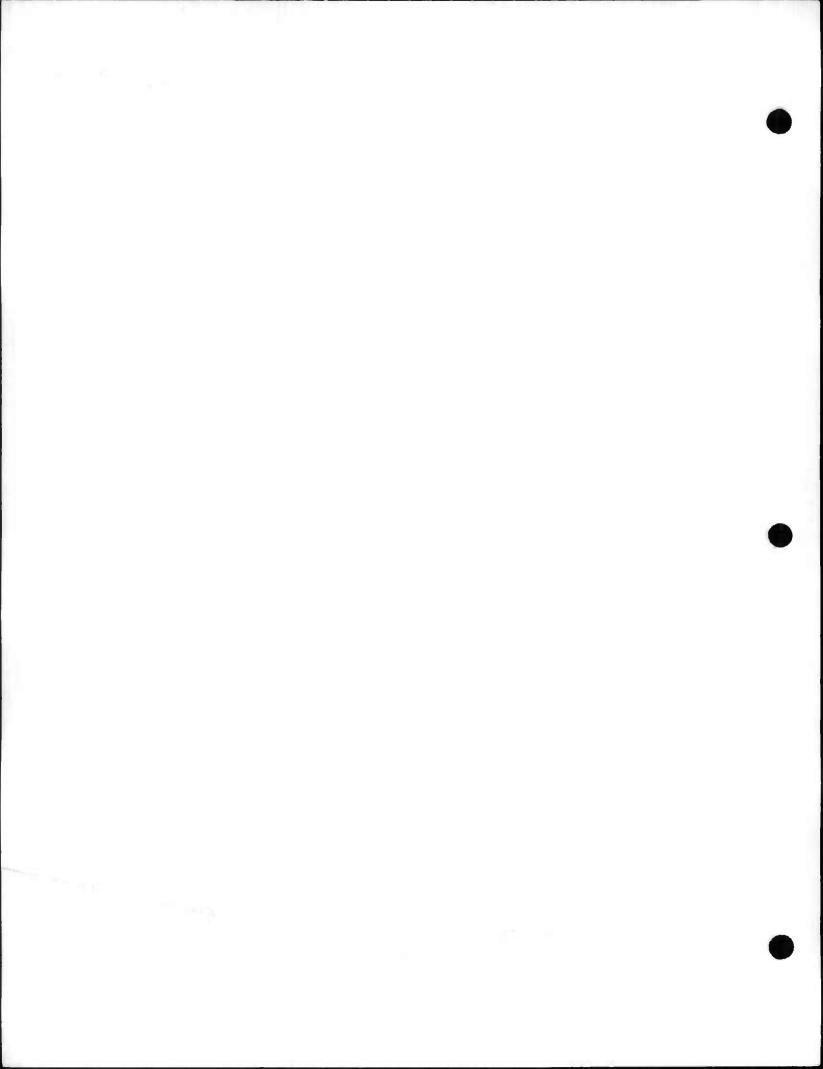
29d. DATE SIGNED (Month, Day, Year) 038445 9-16-91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANNAPOLIS 600 RIDGELY AVE, Ste 121 IRA WEINSTEIN, MD

. .

21401

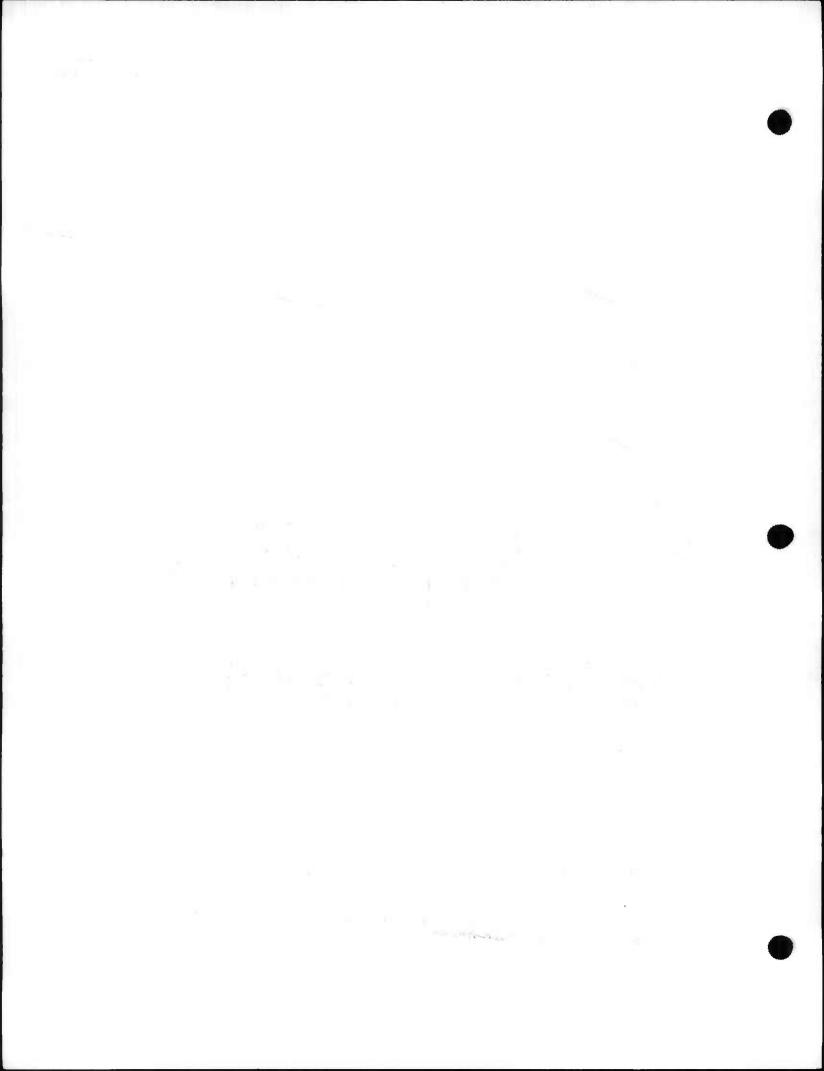


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Linst) Frederick	G.	Henke:	1		2. DATE OF DEATH MONTH 9/15046	1 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-05-2963	5. SEX 6. AGE (	75 YRS. MON	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 91		THPLACE (State or Foreign
90. FACILITY NAME (If not institution, give s 101 Mittmacht T			city, town of Severna	LOCATION OF DE	ATH	Pa. COUNTY OF Anne A	rundel
10a. STATE 10b. COUNT	e Arundel	10-5844	Mys Per	PK			10d. INSIDE CITY LIMITS? 1 VES 2 NO
100 TUT WITHACHT T	ract	'	10f.	ZIP CODE 211	46	10g. (1712 <b>E)</b> 0	AWHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES	2 NO	It yes, spe		IIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)		CE — American Indian, ick, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Give kind of work of the Do NOT use red Salesma	done during mos ired.)	N t of working	166. KIND OF BUSI Hardwai	ness/industry	any
17. FATHER'S NAME (First, Middle, Last) Frederick G. He	nkel			16. MOTHER'S NA Sarah	ME (First, Middle, Meiden S Fisher	iumeme)	
194. INFORMANT'S NAME (Typo/Print) Mrs. Martha Hen	kel	19b. MAILING ADD	tmacht	Tract	Route Number, City or Town, Severna		1D 21146
20e. METHOD OF DISPOSITION 1   Burlel 2   Offmation 3   Rem 4   Donation 5   Other (Specify)	noval from State	New Cathed	ral Cer	D ADDRESS OF FA	Balt:	itchie i	Maryland
23 PART i. Enter the diseases, or shock, or heart failure. ilyMEDIATE CAUSE (Fine) diseases or condition resulting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF):	ye. F	eral	Ansense Ly Drs	lase.	Approximate interval Between Onset end Death
PART II, Other significant condition	_	ou not requiting in the	A Committee of the Comm		MA PERFORI	AUTOPSY 2 MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch	6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ	JRY AT	28d. OESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stree	rt, factory, office		26t. LOCATION (Street e City or Town, State)	nd Number or Run	al Route Number,
one)	SICIAN: To the best of my know ER: On the basis of examination						e(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CENTURE	Im.	MD		29c. NCENSE NU	6263	29d. OATE SIGN	Ed (Month, Day Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE CONTROL STATEOUSTRAB'S A		10 W	BAU	-ST, BA	LT, M	D 21223



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—refus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MARYLAND /						.0700
	* REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		RTIFICAT	E OF	DEATH	REG. NO.  2. DATE OF DEATH DA		3. TIME OF DEATH
	11.00 10.00 1	ie Harris s. sex 6. AGE (In yrs. lest	birthday) IF UNDE MONTHS	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	9 - 16 -  7. DATE OF BIRTH (Month, Pay, Year) 9-16-91	6. E	8:55pm Security) Service (State or Foreign Service)
TOR	9e. FACILITY NAME (if not institution, give stre Harbor Hospital				NOTE	ATH	9c. COUNTY Bis 1ti	imore City
DIRECTOR	MD Anne	Arundel Co.	10c. city, town Pasade	na				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 1127 Halifax Har				21122		U.S.A.	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☐N IF YES, GIVE WAR OR DATES			city Cuban, Maxica	IC ORIGIN? (Specify Yea n, Puarto Rican, etc.) "		RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Gh	CEDENT'S USUAL Of ve kind of work done Do NOT use retired.	during mos	N It of working	16b. KIND OF BUS	INESS/INDUST	RY
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE (		rris			Linda	Sheffer		
10	19a. INFORMANT'S NAME (Type/Print) Stephen J. Harris					asadena, M		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove	val from Stata other pla						or fown, State
	4 Donation 5 Other (Specify)  21. SIGNATION OF RAL SERVICE LICE				TIELOS CO	emetery Mi		chie Hwy.
_	your. Co	maris						Park MD 21146
	IMMEDIATE CAUSE (Finel	iat only one cause on each line.		r the moi	se or aying, suc	n as cardiac or respi	ratory arrest	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF):	LMO	Territy			
ATION	Sequantially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):					
_	PART II. Other algnificant conditions	contributing to deeth but not r	esulting in the u	inderlylng	cause given in	Part I. 24s. WAS AN PERFO!	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			20 01	ACE OF DEATH (Ch			1 YES 2 HO
SICI	EXAMINER?	HOSPIPAL:	DOA 4 N	R:		6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	-	28d. DESCRIBE HOW	NJURY OCCUR	ED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At ho building, stc. (Specify)	me, ferm, streat, fa	ctory, office		28t. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
COMPLETED	and only	CIAN: To the best of my knowledge, de						ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
5	20 NAME AND ADDRESS OF DEDSON WHO	COMPLETED CALLES OF DEATH STE	14 AT (7 Date)			-		

BARBOR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TALUSAN ,

HOSPITAL CTR,

BALTINORE

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				IENE . NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA MONTH	TH DAY	YEAR	3. TIME OF DEATH	
THOMAS N	A. HOLLI	DGE			Sept.		991		M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H ser)	8. BIRTH	IPLACE (State or Foreign	
216-44-7686	1次 M 2 □ F 7	9 YRS.	NTHS DAYS	HOURS MIN.	Apr. 27			ryland	
9a. FACILITY NAME (If not institution, give stre	et and number)	96	. CITY, TOWN	OR LOCATION OF DE	ATH	9c. CO	UNTY OF D	DEATH	
640 Americana I	rive		Ann	apolis		An	ne A	rundel	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY TO	OWN OR LOCA	ION			-	10d. INSIDE CITY	=
								LIMITS?	
Maryland Anne	Arundel	An	napol	L ZIP CODE		10a CI	TIZEN OF I	WHAT COUNTRY?	_
	Davis		1 1	21403		109. 01	U.S		
640 Americana	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DE	ENDENT OF HISPAN		Ify Yea or No			_
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	ecity Cuben, Mexice	n, Puarto Rican, et		Blac	E — American Indian, k, Whita, atc.	
3 Widowed 4 Divorced	IF TES, GIVE WAN ON DI	N ES	I I I I I I	2 LA NO Specify	, .			ite	
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S US	UAL OCCUPATI	ON	16b. KIND C	F BUSINESS/II			
Elementery/Secondery (0-12)	Cotlege (1-4 or 5+)	life. Do NOT use re	tired.)	of working Office					
12		Governm	ent P	rinting	Ci	vil S	ervi	ce	
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, A	falden Surneme)			
William Hollid	lge			Eliza	beth K	aiser			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural I	Route Number, City	or Town, State, 2	(ip Code)		
Thomas O. Hol	llidge	15 S	ilver	wood Ci	rcle,	Annap	olis	, MD 214	03
20e. METHOD OF DISPOSITION		PLACE OF DISPOSITION Other place)	ON (Name of or	metery, crematory or	2	Oc. LOCATION -	- City or To	own, State	
4 Donetion 8 Other (Specify)	walk / VII	illorest		tery		Annap	olls	, MD	
Inspeld 2	1. 4.	4/	Tayl	or Fune	ral Ch			.401	
23. PART I. Enter the diseases, Dr co	amplications that causes	the death. Do not	enter the m	Glouces	ter St	respiratory	a pol	Approximate	
shock, or heart failure. L	ist Dnly Dne cause on e	ech line.		,,,,,,		, cooping of		Interval Between	
IMMEDIATE CAUSE (Final disease or condition	- 1	1 2 -1	1-11					Onset and De	ath
resulting in death)	- SU au	CONSEQUENCE OF):	(0 1)						
	DUE TO (OR AS )	CONSEQUENCE OF):						İ	
Sequentially list conditions, if any, leeding to immediate		CONSEDUENCE DF):							
ceuse. Enter UNDERLYING									
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEDUENCE OF):							
resulting in deeth) LAST									
PART ii. Other algnificant conditions	a a manufactura da ada ada b				Book Lawre	AS AN AUTOPS			
0 6 demily				DIVIDIO		ERFORMED?	7 24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO	
HOMONINGO I	101116	NPULY	1187	1 20 6/01/	10'	YES 2 NO		OF DEATH?	E
- Jenn Ja	1/MIG, Ay	(perter)	SILV					1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, I	LACE DF DEATH (Ch	eck only one)				
1 TES 2 NO	1 Inpatient 2 ER/Out			ne 5 🖾 Residence	8 - Other (Speci	(y)			
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME D	0F 28c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CCURED		
1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, ferm, atre	et, factory, off	ce	28f. LOCATION ( City or Town		per or Rural	Route Number,	
4 Homicide detarmined	-	427			,				
29e. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred	at the time, da	e and place, end due	to the cause(a) a	nd manner ee s	tated.		
anal anny	3: On the basis of examination							(e) end menner ea state	d.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				D (Month, Day, Year)	_
6 Amiz	tall mo	3		DIAS	CO	290. 0	72-	( O - O /	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DE DE	SATH (ITEM 27) (3 C	(nt)	1017X	-10		1/	3-11	_
	COMPLETED CAUSE OF DE	.miri (IIIEW 27) (1906, P)	un)						
70 5 P. d	1/20.	0	0	1.					
31 DAIDHERD (ABOUT DOCUMENT)	AL 32 DESTRUMENTS AND	Ann	Dat	10					

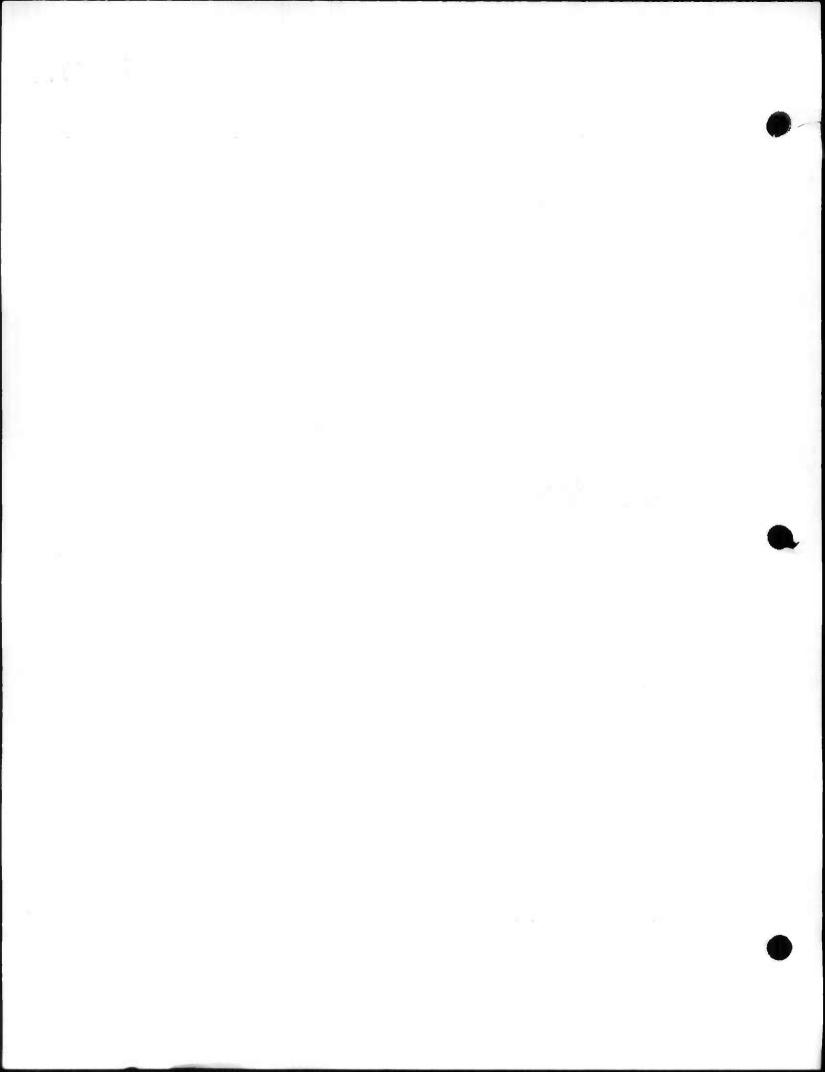
To a poole S AND THE STATE OF 

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
--

DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Dorothy Louise	e Hull				September			4:05 p.
220 <b>-1</b> 6-0960	5. SEX 6. /	AGE (In yrs. lest birth	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year, April 3,	1903	Counti	HPLACE (State or Foreign ry) ryland
*. FACILITY NAME (If not Institution, give to Nashington County				on Location of D gerstown	EATH	9c. COUN		ngton
Maryland Wash	v ington	100	Hagersto					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
7 E. Washington	Street			21740		USA	ZEN OF	WHAT COUNTRY?
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yea or No-	14. FIACI Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade 1 Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kin	ent's usual occupa ed of work done during NOT use retired.) COCK clerk	most of working		ntgomer		ards
r. FATHER'S NAME (First, Middle, Lest) Charles Franklin	Hull			16. MOTHER'S N.	AME (First, Middle, Male	den Sumame)		
Nancy C. Reese		19b. MA Rt.	3 Box R	et and Number or Rural		Town, State, Zip	<sup>Code)</sup>	40
0e. METHOD OF DISPOSITION	noval from State	20b. PLACE OF DO other place). Rose Hi	ISPOSITION (Name of			agerst		own, State , Maryland
1. SIGNATURE OF FUNERAL SERVICE LI	CENSE			,				
23. PART I. Enter the diseases, pr shock, pr heart failure. MMEDIATE CAUSE (Final disease pr condition	complications that ca	nused the death.	Fune	AND ADDRESS OF F. IC N. Min cal Home mode of dying, sur	На	gersto	wn,	Maryland  Approximate Interval Between Onset and De
shock, or heart fallure.	b. Let no ton	as a consequen	Fune: Do not anter the records of:	cal Home	На	gersto	wn,	Maryland Approximate interval Between
shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents reculting in death) LAST	b. DUE TO (OR d.	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN	Fune: Do not anter the r  of:  ce of):	fal Home mode of dying, sur	Ha ch as cardiac or re	gersto	wn,	Maryland Approximate interval Between
shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents reculting in death) LAST	b. DUE TO (OR  d	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN	Fune: Do not anter the r  of: CE OF): ting in the underly	fal Home mode of dying, sur	Hach as cardiac or re	gerstory arm	wn,	Maryland  Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents reculting in death) LAST  PART II. Other significant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH	b. DUE TO (OR d	AS A CONSEQUEN  AS A CONSEQUEN  The but apt result  AND ACCOUNT ACCOUN	Fune:  Do not anter the r  on:  CE of:	FLACE OF DEATH (CON) JURY AT WORK?	Hach as cardiac or re	gerstory arm	31.6 241	Maryland  Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentielly list conditions, and an arrangement of the conditions of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents reculting in death) LAST  PART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH	b. DUE TO (OR  d. DUE	AS A CONSEQUEN  AS A CONSEQUENCE  AS A CONSEQUENCE	Fune:  Do not anter the r  on:  CE of:	PLACE OF DEATH (COMMANDER)  PLACE OF DEATH (COMMAND AT WORK?	Hach as cardiac or re  The Company of the Company of the Company one)  6 Other (Specify)	Berstory arm  AN AUTOPSY FORMED?  B 2 NO	WIN,	Maryland  Approximata Interval Between Onset and De Conset
Sequentially list conditions, and conditions are suiting in death)  Sequentially list conditions, and conditions, and conditions are suiting in death)  Sequentially list conditions, and conditions, and conditions are suiting in death)  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation and conditions are suiting in death and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting in the conditio	b. DUE TO (OR  d	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AVOutpetlant 3 □ D  URY  Year)  LURY 281  LURY Al home, 1  (Specify)	Fune:  Do not anter the state of:  at	ral Home mode of dying, sur  fing cause given in  PLACE OF DEATH (C)  PLACE OF DEATH (	Ha ch as cardiac or re  I	gerstory arrival and an autopsy formed?  S an autopsy formed?  S 2 \( \text{NO} \)  We injury occupate and Number take)	241  241  241  241	Maryland  Approximata interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, and conditions are suiting in death)  Sequentially list conditions, and conditions, and conditions are suiting in death)  Sequentially list conditions, and conditions, and conditions are suiting in death)  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation and conditions are suiting in death and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting investigation and conditions are suiting in the conditio	b. DUE TO (OR  c. DUE TO (OR  d	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AND THE CONSEQUENT	Fune:  Do not anter the state of:  at	ral Home mode of dying, sur  fing cause given in  PLACE OF DEATH (C)  PLACE OF DEATH (	Ha ch as cardiac or re  The Company of the company	SAN AUTOPSY FORMED?  S 2 NO  W INJURY OCCUPATION IN THE PROPERTY OF THE PROPER	244  244  244  ed.	Maryland  Approximata interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De

	5
က်	With
4	ted
3	GCU
N OF VITAL RECORDS, P.O. BOX 13146,	8
0	te t
m	ifica
O.	Cer
O.	ath
10	p
ő	=
Œ	that
8	ires
Щ	nba.
<b>E</b>	3W
7	he
E	-
>	MAI
L	NSIC.
0	F
X	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
2	ENO
DIVISION	AT
2	OR
	_

	nedia i nan		OLITIII	OMIL	71 DEA		REG. N	ψ.		
1		ry Elmer					2. DATE GF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Harry E.		lause					9 19	91	2.12p. M
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. lest birthday)	MONTHS DA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	214-09-1857 ¹\\ M	0 1	YRS.				6-17-10	1		land
4	9a. FACILITY NAME (if not institution, give street and nu	imber)		9b. CITY, TO	WN OR LOCAT	ION OF DE	ATH		INTY OF DE	
BY FUNERAL DIRECTOR	Western Maryland Center- 1	500 PA Ave		Hagers	tawa			Was	ningtor	n
BG	10e. STATE 10b. COUNTY			Y, TOWN OR L	OCATION					10d. INSIDE CITY
8	Maryland Washingto	n	H	agerst	own					LIMITS?  TYES 2 IND
1	10e. STREET AND NUMBER			0	10f. ZIP COD	ÞΕ		10g. CI	IZEN OF W	HAT COUNTRY?
EB/	218 Norway Avenue				21	740			USA	1
Ž	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN	U.S. ARMED				IIC ORIGIN? (Specify	ree or No-	14. RACE	- American Indian, White, etc.
L.	1 Never Merried 2 Married IF YE	CES? 1 TYES			s, specify Cub YES 2X NO		n, Puerto Rican, etc.)		Specify	y:
	3 Widowed 4 Divorced								whi	te
	15, DECEDENT'S EDUCATION (Specify only highest grade completed)		16e. DECEDENT'S (Give kind of	work done durir		ing	16b. KIND OF I	USINESS/IN	DUSTRY	
		(1-4 or 5+)	ille. Do NOT u					• •		
MP	10	0	trim	ner				iture		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  Daniel R. Hause						ME (First, Middle, Malo			
BE				www.			Nora Fren			
0	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or			
-	Arthur Hause						erstown,			
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from	State 20b	other place) Cedar La	SITION (Name	of cemetery, cre	matory or		LOCATION -		
- 1	4 Donation 5 Other (Specify)		edar La					gerst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	m		MIN	NICH F	UNER	CILITY AL HOME			
	Scholl	Ilus	me	415	E. Wi	1son	Blvd., H	agers	town,	Md. 21740
	23. PART I. Enter the diseases, or complicat			not enter th	mode of d	ying, auc	h as cerdiac or re	spiratory a	rrest,	Approximate
	ahock, or heert fellure. List only IMMEDIATE CAUSE (Final	one ceuse on e	ech line.							interval Between Onset and Death
	disease or condition	enal fai:	luro							24 hr.
	resulting in death) a. Re		CDNSEGUENCE	IF):						74 137 -
_	C Co	ongestive	e heart	failu	re					lvear
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE C							
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	SHD								many year
E	that initiated events	DUE TO (DR AS A	CONSEGUENCE	NF):						
	reaulting in death) LAST									
	PART II. Other algnificant conditions contril	outing to death b	out not resulting	In the unde	riying cause	given in	Part I. 24s. WAS	AN AUTOPS	Y 24b.	. WERE AUTOPSY FINDINGS
8	COPD, ventilator der	nendent			1.00			DRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	COPP, Ventilator (14)	belidelic					1 (1 YES	2X NO		DF DEATH?
							_			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH /C	mak oak aas)			
S	EXAMINER? HOSP			OTHER:		,				
PHYSICIAN:		atient 2 - ER/Duty	patient 3 L DOA	-	c. INJURY AT	Residence	6 Other (Specify) 28d. DESCRIBE HO	W IN ILIEV O	CCLIBED	
	1 Natural 5 Pending	(Month, Day, Year)	IN IN	JURY	WORK?	□ NO	280. DESCRIBE NO	W INSOMY C	CCORED	
BY	2 Accident Investigation	. PLACE OF INJURY	/ At home form				28t, LOCATION (Str	at and Numb	ner or Burni E	Bourda Murrahar
8	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe		street, rectory	onice		City or Town, St		New OF FIGURES F	oute Namber,
4	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To									Service American Services
COMPLETED	2 MEDICAL EXAMINER: On the	beele of examination	n and/or investigat	on, in my opir	ion, death occ	ured at the	time, date and place	, end due to	the cause(e	end manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		,	. /	29c. Lf	CENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
	Jell Vorcu	MOUN	la "	mit	F E	-126	42	•	9-19-9	91
9	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)						
	Fe U. Porciuncula,M.I	1500	PA Aven	ue, Ha	gerst	wn,	MD 21740	)		
	SEP 23 191 32.	REGISTRA SISIGN								
- 8	DET COUL	0								



3. TIME OF DEATH

9:15 AM

2. DATE OF DEATH
NONTH DAY
SETTEMAKE 14

Hose

BALTIMORE, MARYLAND 21203-3146

spita	Pe	
he ho	Jetac	-
by th	pe	4
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the hospita	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	and the second s
20	901	-
may	or po	4 9-
age 6	directo	1
feath. F	funeral	-1-
fter (	the oval.	-
Sa	JE E	Alle
701: 2	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
within	pletely	A dem
ted	com ial,	
Deco	and o	-
90	or to	-
cate	mysin e pn	4
ertifi	mg p	444
uth c	tend al H	1
e des	Went	-
if the	by the	00
s tha	ned the	-
uire	Sign	
W rec	been f. of	4-
e lav	has	00
E 3	State	**
CIA	ertifi	
HVS	his with	
NG P	tter t	
ENDI	R: A	
ATT	ECTC safe	-
OR	DIR	
TAL	PAL 2	***
OSP	UNE	1

DIRECTOR	Mb. 106. COUNT	ASH.		HAG	I OR LOCATION CRSTOWN					LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER RT 8 BOX 35				10f. ZIP CODE 217	40		10g. CITIZEI		COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2	RMED 13	3. WAS DECENDENT OF HI If yes, specify Cuben, Ma 1 YES 2 NO S	xican, Puerto		or No- 14	Black, W	American Indian, hite, etc.  WHITE
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		NA.	ECEDENT'S USUAL Give kind of work don a. Do NOT use retired abor	OCCUPATION e during most of working i.)	16	Shoe C			
COMPL	17. FATHER'S NAME (First, Middle, Last)  James R. Hose			2001			Middle, Maiden	Surname)	9•	
TO BE	190. INFORMANT'S NAME (Type/Print)  Mary Miller				esspond Rd.	ural Route Nun	nber, City or Town	n, State, Zip Co		1722
	20a. METHOD OF DISPOSITION 1	novel from State	20b. PLACE other p	E OF DISPOSITION (	Name of cemetery, crematory		20c. LO	cation - cit	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LI	20	N/P.	DA 2	2. NAME AND ADDRESS O	F FACILITY				
Z	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that of Liet only one cause	on aech iin	leath. Do not anti-	6		E. Boor	sboro	, Md.	Approximata interval Between
ERTIFICATION	23. PART I. Enter the diseases, pr shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition	a	R AS A CONSI	leath. Do not antie.	er the mode of dying,		E. Boor	sboro	, Md.	Approximata interval Betwee Onset and Deat
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	a	R AS A CONSI	eeth. Do not antitle.  EOUENCE OF):  EOUENCE OF):  resulting in the	er the mode of dying,	such as cer	E. Boor	AUTOPSY	24b. WE	Approximata interval Betwee Onset and Deat 2
SICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	a	R AS A CONSI	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  Tesulting in the	underlying cause give	n in Part i.	24a. WAS AN PERFOR	AUTOPSY	24b. WE	Approximate interval Betwee Onset and Deal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions.	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. MS CONTRIBUTING to de HOSPITAL:	R AS A CONSI	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  Tesulting in the	underlying cause give	n in Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WB	Approximate interval Betwee Onset and Deal 2 Aproximate interval Betwee Onset and Deal 2 Aproximate Interval Betwee Onset and Deal 2 Aproximate Interval Betwe
ED BY PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (O  DUE TO (O	R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tesulting in the second of the	underlying cause give  28. PLACE OF DEATH  ER  VICTOR HOME 5 Reside  28. INJURY AT  WORK?  1 YES 2 N	n in Part i.  H (Check only of the state of	24a. WAS AN PERFOR	AUTOPSY MED?  NJURY OCCUPANT O	24b. WE AM COOP 1 (	Approximate interval Betwee Onset and Deal 2
BY PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Actual 5 Pending investigation 3 Suicide 8 Could not be determined  296. CERTIFIER (Check only 1 DERTIFYING PHYS)	BICIAN: To the best of m	R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI R AS A CONSI	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tesulting in the company of the company	underlying cause give  28. PLACE OF DEATH  ER  VICTOR HOME 5 Reside  28. INJURY AT  WORK?  1 YES 2 N	n in Part i.  H (Check only of the control of due to the control of the control o	24a. WAS AN PERFOR 1 YES 2  CATION (Street e y or Town, State)	AUTOPSY MED?	24b. WE AM CC OF 1 {	Approximata interval Betwee Onset and Dea 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of a fine death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

30. NAME AND ADDRESS OF PERSON Dr. Mark Sagin,

MD

1991

Suite 400,

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last,	)			ICATE			REG. NO			3. TIME OF DEATH
Alice	Alvert	а но	LTSC	HNEIDE	R		September		YEAR 1991	
4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. last		IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTH	,	6. BIRTI	IPLACE (State or Foreign
220-34-1759	1 🗆 M 2 💢 F	86	YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year) Aug. 26,	1905	Mari	yland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCA	TION OF D			NTY OF E	
Star Route, Box 2	29				Accid	ent		G	arre	tt
RESIDENCE OF DECEDENT  10a, STATE 10b, COUN			40 - 017	Y, TOWN OR I						
MD	Garrett			Deer E						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER					10f. ZIP CO	DE		10g. CIT	IZEN OF V	WHAT COUNTRY?
Rt. 4, Box 143-A						215	550		US	A
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 X NO MAR OR DATES	WED O	If yo		oan, Maxica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. #y: White
15. DECEDENT'S ED (Specify only highest grad	UCATION			USUAL OCCU			16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 8th	College (1-4 or 5	ilte.	USEW:	,	ng most of wor	ldng	Но	me		
17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NA	ME (First, Middle, Maiden	Sumama)		
Charles -		George			N	linni	e	_	Hot	tt
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
Cecil R. Holtschr	neider	5	Star	Rt.,	Box 29	, Ac	cident, Ma	ryla	nd :	21520
20a. METHOD OF DISPOSITION 1   M Burlal 2 □ Cremation 3 □ Rec	movel from State	20b. PLACE C	OF DISPOS	SITION (Name	of cemetery, cr	ematory or	20c. LO	CATION -	Cify or To	own, Stata
4 Donation 5 Other (Specify)	110112012	Deer	Par	k Cem	etery		De	eer I	Park,	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			S	tewart	Fune	ral Home	1 1	140	0.1550
23. PART I. Enter the diseases, pr	complications that	t caused the dea	ath. Dn r				d St., oak			2 1550
shock, or heart fellure	. List only one cau	se on each line.		101 011101 011		yg, acc	in all cardino by 100p	nothry in	1030,	Interval Between
IMMEDIATE CAUSE (Final disease pr condition	(wordens				1	11	. 1	1	0	Onset and Dea
resulting in death)	DUE TO	OR AS A CONSEC			usias	al	12 18	110		
	and	PERO	tor	reun	1, 1	Ru	races L	ule	Mor	25
Conventiolly list and dillery	b. DUE TO	OR AS A CONSEC								
Sequentially list conditions,										
If any, leading to immediate cause. Enter UNDERLYING	e.									
If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	e	(OR AS A CONSEC	UENCE O	F):						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO	(OR AS A CONSEC	UENCE O	F):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				dving cause	glyen in	Dard I 25- Wate and	Airmoney		WEET ALTONO TURNEY
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				rlying cause	given in	PERFO	RMED?	241	AWAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				rlying cause	given in	Part I. 24e. WAS AN PERFOI	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				rlying cause	given in	PERFO	RMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d			In the unde			PERFOI	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the conditions of the conditions of the cause of the c	ona contributing to	death but not re	esuiting	In the unde	26. PLACE OF	DEATH (Ch	PERFOI	RMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions:  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	dona contributing to	death but not re	□ DOA	In the unde	26. PLACE OF	DEATH (Ch	PERFOI  1 VES 2  neck only one)  S Other (Specify)	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5 Pending	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D	death but not re	DOA 28b. TIM	OTHER: 4   Nursing	26. PLACE OF Home 5 X c. INJURY AT WORK?	DEATH (Ch	PERFOI	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
H any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   28a DATE OF (Month, D	ER/Outpetlent 3 INJURY	DOA 28b. TIM	OTHER: 4 — Nursing E OF URY M	26. PLACE OF Mome 5 M. c. INJURY AT WORK?	DEATH (Ch	PERFOI  1 YES 2  neck only one)  S Other (Specify)  28d, DESCRIBE HOW II	NURY O	CCURED	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions:  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D) 28a. PLACE O	death but not re	DOA 28b. TIM	OTHER: 4 — Nursing E OF URY M	26. PLACE OF Mome 5 M. c. INJURY AT WORK?	DEATH (Ch	PERFOI  1 VES 2  neck only one)  S Other (Specify)	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
H any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1   Inpatient 2   28s. DATE OF (Month, D) 28s. PLACE O building,	DER/Outpatient 3   INJURY — At honetc. (Specify)	DOA 28b. TIM	OTHER: 4   Nursing EOF 28 JURY M street, factory,	Mome 5 M Home 5 M L INJURY AT WORK? YES 2	DEATH (Cr Realdence	PERFOI  To VES 2  The	NJURY OC	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
H any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   28s. DATE OF (Month, D) 28s. PLACE O building,	ER/Outpatient 3   INJURY oy, Year) F INJURY — At honetc. (Specify) my knowledge, dea	DOA 28b. TIM IN.	OTHER: 4   Nursing EOF 28 JURY M street, factory,	Mome 5 M Home 5 M L. INJURY AT WORK? — YES 2 office	DEATH (Cr.	PERFOI  1 VES 2  neck only one)  S Other (Specify)  28d. DESCRIBE HOW if	NJURY OC	CCURED or or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

600 Memorial Drive, Cumberland, Maryland

21502

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 • STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	THE PERSON OF	OLITITI IO	AIL OI	DEATH	2. DATE O	F DEATH			3. TIME OF DEATH
JOHN	WESLEY	но	WELL. S	D	SEPT	17	1991	FEAR	2:30 P M
			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		. BIRTHP	LACE (State or Foreign
225-12-8651	M2 F	76 YAS.	ONTHS DAYS	HOURS MIN.		Day, Year)	915	Country)	GINIA
9a. FACILITY NAME (If not institution, give street			b. CITY, TOWN O	R LOCATION OF DE			9c. COUNT		
AT HOME, PINCUSHION	ROAD		LOVEVI	LLE			ST.	MARY	7'S
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON					10d. INSIDE CITY LIMITS?
	RY'S COUNTY	LO	VEVILLE						1 TYES 2 NO
10e. STREET AND NUMBER			2000	ZIP CODE			10g. CITIZE	N OF WI	HAT COUNTRY?
P.O. BOX 172				20656				,S.A	
11. MARITAL STATUS 12.  1 Never Merried 2 Merried	WAS DECEDENT EVER IN U FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAI city Cuben, Mexico			or No— 1	I. RACE Black,	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES	2 NO Specif	y:			Spec#y WHIT	
15. DECEDENT'S EDUCATION	ON I	16a. DECEOENT'S US	IIIAL OCCUPATIO	N	16h 1	KIND OF BUS	INESS/INDUS		LE
(Specify only highest grade com	pleted)		k done during mos		100.	Take or boo		31111	
Elementary/Secondary (0-12) Co	ollege (1-4 or 6+)	TIDACITO:	R DRIVE	D		TOCC	TNIC C	ON/ID 7	ANTZ
17. FATHER'S NAME (First, Middle, Last)		TRACTO	K DKIVE	16. MOTHER'S NA	ME (First, Mi		ING C	OMPA	ANX
SIMON P. HOWELL								TDC	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street a)	LILLIF					
FREIDA MAE HOWELL									
		PLACE AND DATE O		LOVEVII	DATE		CATION — CI		
20e. METHOD OF DISPOSITION    Burlel 2   Cremetion 3   Removat   Donation 6   Other (Specify)		metary, crematory or	other place)		1				
21. SIGNATURE OF FUNERAL SERVICE LICENS		RLES MEMO	22 NAME AN	O AOORESS OF FA	CILITY				MARYLAND
In 1 1 1 1	19 1	•	MATT	INGLEY-C	SARDII				•
THICKAIN AC	12010111	000	D O	2011 201		~~ ~~ ~~~	7 CT 7 CT	2.45	COCEO
	2 journ	u	P.O.	BOX 270	), LEC	JNARD!	OWN,	MD.	20650
23. PART (. Enter the diseases, or com								_	Approximata
ahock, or heart failure. List IMMEDIATE CAUSE (Finel	only one cause on aed	ch line.	t antar tha mod	de of dying, suc				_	
ahock, or heart failure. List IMMEDIATE CAUSE (Finel	only one cause on aed	ch line.	t antar tha mod	de of dying, suc				_	Approximata Interval Between
ahock, or heart failure. List IMMEDIATE CAUSE (Finel		ch line.	t antar tha mod	de of dying, suc				_	Approximata Interval Between Onset and Death
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	only one cause on aed	ch line.	t antar tha mod	de of dying, suc				_	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	M // O CAR DUE TO (OR AS A C	ch line.	t antar tha mod	de of dying, suc				_	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	Only one cause on aed  M I/O CAR  DUE TO (OR AS A C	CONSEQUENCE OF):	EN FAR	de of dying, suc				_	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Only one cause on aed  M I/O CAR  DUE TO (OR AS A C	CONSEQUENCE OF):	EN FAR	de of dying, suc				_	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Only one cause on aed  M I/O CAR  DUE TO (OR AS A C	CONSEQUENCE OF):	EN FAR	de of dying, suc				_	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d	ONLY ONE CRUSE ON AS A COURT TO (OR AS A COURT T	CONSEQUENCE OF):	ENFAR	CTION	h aa cardi		retory arrea	et,	Approximata Interval Between Onset and Death
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ONLY ONE CRUSE ON AS A COURT TO (OR AS A COURT T	CONSEQUENCE OF):	ENFAR	CTION	h aa cardi	ac or reapi	AUTOPSY	et,	Approximata Interval Between Onset and Desth
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d	ONLY ONE CRUSE ON AS A COURT TO (OR AS A COURT T	CONSEQUENCE OF):	ENFAR	CTION	h aa cardi	ac or reapi	AUTOPSY	24b.	Approximata Interval Between Onset and Desth  J HR.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d	ONLY ONE CRUSE ON AS A COURT TO (OR AS A COURT T	CONSEQUENCE OF):	ENFAR	CTION	h aa cardi	ac or reapi	AUTOPSY	24b.	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of	ONLY ONE CRUSE ON AS A COURT TO (OR AS A COURT T	CONSEQUENCE OF):	t antar the mod	CT/ON	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b.	Approximata Interval Between Onset and Desth  J HR.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of	ONLY ONE CAUSE ON AS A COUNTY OF TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in	the underlying	CTION  Transaction	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b.	Approximata Interval Between Onset and Desth  J HR.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of EXAMINER?  1 YES 2 NO	ONLY ONE CAUSE ON AS A COUNTY TO (OR AS A COUNTY TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximata Interval Between Onset and Desth  J HR.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of EXAMINER?  1   YES 2   NO	ONLY ONE CAUSE ON AS A COUNTY OF TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in	tantar the modern the underlying the underlying the Underlying the	g cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b.	Approximata Interval Between Onset and Desth  J HR.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF OEATH 1 Netural 5 Pending Investigation	ONLY ONE CAUSE ON AS A COUNTY OF AS	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  tient 3 □ DOA 4  28b. Time 6  INJUR	the underlying  26. PL  OTHER:  Nursing Hom  Nursing Hom  Nursing Hom  1 1 1	TON  TON  TON  TON  TON  TON  TON  TON	Part I.  Part I.  6 Other  28d. DESt	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	ONLY ONE CAUSE ON AS A COUNTY OF TO (OR AS A COUNTY)	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, farm, str	the underlying  26. PL  OTHER:  Nursing Hom  Nursing Hom  Nursing Hom  1 1 1	TON  TON  TON  TON  TON  TON  TON  TON	Part I.  Part I.  Beck only one Control  Solution  Control  Solution  Soluti	24a. WAS AN PERFOR	AUTOPSY MED?  SUNO	24b.	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of EXAMINER?  1 YES 2 NO  10  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	ONLY ONE CAUSE ON AS A COUNTY OF TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, farm, stray	the underlying  28. PL  THER:  Nursing Hom  OF  W  M  1   W  No  1   OF  The control of factory, office	cause given in  ace of oeath (c)  Seeldence URY 7 (ES 2   NO	Part I.  Part I.  Beck only one  S Other  28d. DE\$4	24a. WAS AN PERFOR	AUTOPSY MED?  NJURY OCCU	24b.	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of EXAMINER?  1 YES 2 NO  11 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  CERTIFYING PHYSICIAL	ONLY ONE CAUSE ON AS A COUNTY TO (OR AS A COUNTY TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, ferm, streyy)	tantar the modern the underlying  28. PL  THER:  Nursing Hom  Nursing Hom  Nursing Hom  Nursing Hom  The work work with the underlying work work with the time, date	TON  TON  TON  TON  TON  TON  TON  TON	Part I.  Part I.  S Other  28d. DE\$4  28f. LOCA City o	24a. WAS AN PERFOR 1 YES 2 (Specify) (Specify) (TION (Street or Town, Stele)	AUTOPSY MED?  NO  NJURY OCCU	24b.	Approximata Interval Between Onset and Death  J. H.R  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of EXAMINER?  1 YES 2 NO 10 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	ONLY ONE CAUSE ON AS A COUNTY TO (OR AS A COUNTY TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, ferm, streyy)	tantar the modern the underlying  28. PL  THER:  Nursing Hom  Nursing Hom  Nursing Hom  Nursing Hom  The work work with the underlying work work with the time, date	TON  TON  TON  TON  TON  TON  TON  TON	Part I.  Part I.  S Other  28d. DE\$4  28f. LOCA City o	24a. WAS AN PERFOR 1 YES 2 (Specify) (Specify) (TION (Street or Town, Stele)	AUTOPSY MED?  NO  NJURY OCCU	24b.	Approximata Interval Between Onset and Death  J. H.R  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of EXAMINER?  1 YES 2 NO  11 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  CERTIFYING PHYSICIAL	ONLY ONE CAUSE ON AS A COUNTY TO (OR AS A COUNTY TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, ferm, streyy)	tantar the modern the underlying  28. PL  THER:  Nursing Hom  Nursing Hom  Nursing Hom  Nursing Hom  The work work with the underlying work work with the time, date	TON  TON  TON  TON  TON  TON  TON  TON	Part I.  Part I.  S Other  26d. DE\$4  26f. LOCA  city o	24a. WAS AN PERFOR	AUTOPSY IMED?  AND  NJURY OCCU  and Number of	24b.  24b.  24b.  Cause(a)	Approximata Interval Between Onset and Death  J. H.R  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	ONLY ONE CAUSE ON AS A COUNTY TO (OR AS A COUNTY TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  All home, ferm, streyy)	tantar the modern the underlying  28. PL  THER:  Nursing Hom  Nursing Hom  Nursing Hom  Nursing Hom  The work work with the underlying work work with the time, date	CT/ON  CT/ON  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CON	Part I.  Part I.  S Other  26d. DE\$4  26f. LOCA  city o	24a. WAS AN PERFOR	AUTOPSY IMED?  AND  NJURY OCCU  and Number of	24b.  24b.  24b.  Cause(a)	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	ONLY ONE CAUSE ON AS A COUNTY OF TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not reaulting in  At home, farm, stray  At home, farm, stray  odge, death occurred and/or investigation,	the underlying  28. PL  THER:  Nursing Hom  OF  W  M  1 1 1  act, factory, officiat the time, date In my opinion, d	CT/ON  CT/ON  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CENTRAL CONTROL  CON	Part I.  Part I.  S Other  26d. DE\$4  26f. LOCA  city o	24a. WAS AN PERFOR	AUTOPSY IMED?  AND  NJURY OCCU  and Number of	24b.  24b.  A. Cause(a)	Approximata Interval Between Onset and Desth  J. H.R.,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

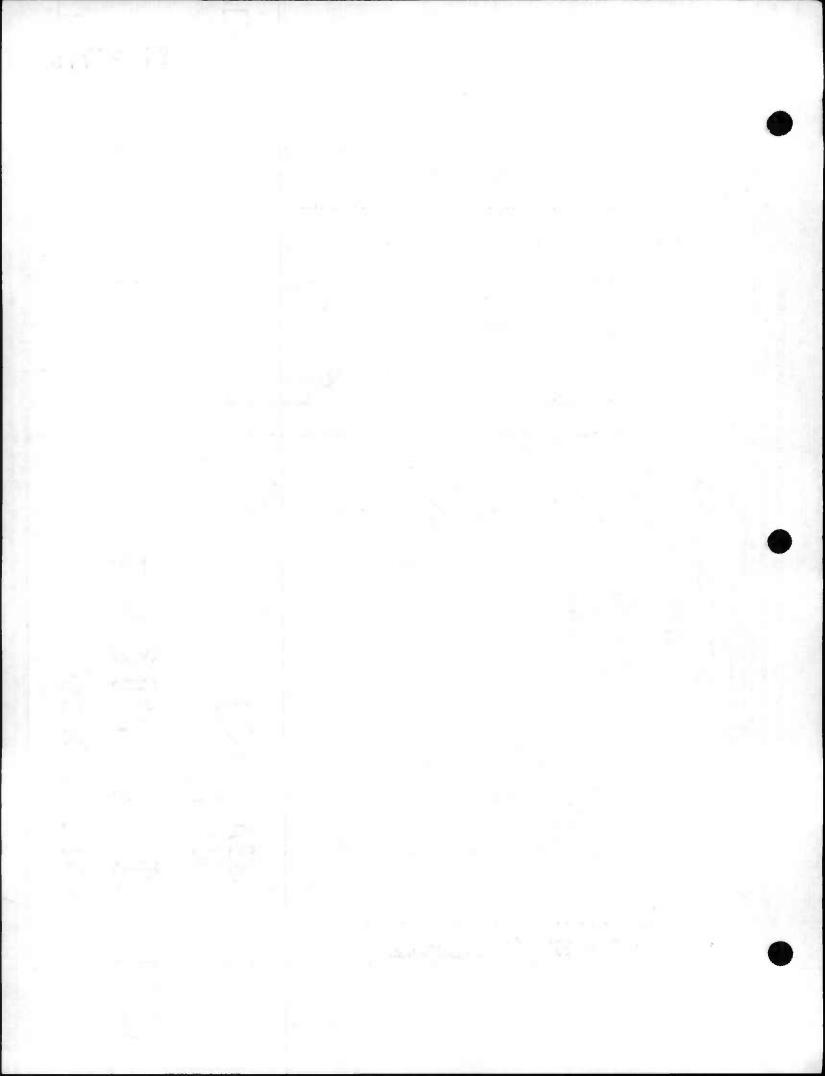
Newidson-Randall

SFP 20 '91

11492 13

And the St.

	1. DECEDENT'S NAME (First, I	Middle, Last)	ARTHUR	CLIFFOR	D HUM		OF DEAT		2. DATE OF MONTH	REG. NO.	× 6 1	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5, SEX	6. AGE (In yrs.			EAR IF UNDER		7. DATE OF	7 /	6 91		1/265
И			M 2 F	20000		IF UNDER 1 Y	AYS HOURS	MIN.	(Month, I	Day, Year)		Country)	CE (State or Foreign
ŀ	217-05-6316 9a. FACILITY NAME (If not line)			8	33 THS.	9b, CITY, TO	OWN OR LOCATI		March	.23,	1908   9c. COUNT	Mary ]	and
1				4+-1							-		
1	Frederick			1741_			derick					reder	
	No.	10b. COUNTY				Y, TOWN OR I							LIMITS?
111	Maryland 100. STREET AND NUMBER	rrea	erick		110	urmont	10f, ZIP COD				10a CITIZE		YES 2 NO
	A I S S S S S S S S S S S S S S S S S S												COOKINIT
-	28 Frederic 11. MARITAL STATUS	к коа	12. WAS DECEDE	NT EVER IN U.S.	ARMED		217	F HISPAN				RACE -	American Indian,
	1 Never Married 2 N		FORCES?	1 X YES 2 [ WAR OR DATES	NO		es, specify Cube	n, Maxican Specify:		en, etc.)		Black, Wi Specify:	nite, atc.
1	3 Widowed 4 Divorce		WWI										White
	(Specify only	highest grade	completed)	-		WSUAL OCCU work done duri se retired.)	JPATION ing most of worki	ng	16b. K	IND OF BUS	SINESS/INDU	STRY	
	7 Vears	12)	College (1-4 or 5	+)		nrer				Shoo	Factor	0.14	
ı	17. FATHER'S NAME (First, Mic	ddle, Last)			Lan	III.E.F.	18. MOT	HER'S NAM	AE (First, Mic				
	Hubert A.	Humer	ick				L	aura	M. K	ie			
	194. INFORMANT'S NAME (Ty)	-			19b. MAILING	ADDRESS (S	Street and Number	r or Rural R	oute Number	; City or Town	n, State, Zip C	ode)	
	Lottie Wedd						lain St	reet	Thu				21788
	20g. METHOD OF DISPOSITION 1 N Burlei 2 □ Cremation		oval from State	o/ cemet	ary, cremator	or other place	e)		DATE	2.72	CATION CI		
H	4 Donatton 6 Other (		CINGEN	– J <u>Blu</u>	e Rid	ge Cem	ME AND ADDRE	SS OF EAC	19/19	9 Th	urmoni	Ma.	ryland
- 1	11	10	1201	101			5 East			eet.			
4	23. PART Enter the dis	0	Bull	MY	1	Th	urmont	Mar	ryland	1 21	788		
ERTIFICATION	IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYIF CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, diete NG	b. Some To	D (OR AS A CON D) (OR AS A CON D) (OR AS A CON	SEQUENCE O	Card	la way:	de de	my	/	- (		Onset and D
JICAL C	PART II. Other algnificer	nt condition	na contributing to	o death but no	ot reaulting	in the unde	orlying cause	given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDI MLABLE PRIOR TO MPLETION OF CAUS
MEDI									-	1   YES 2	DNO	OF	DEATH?
							_	-				1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO	MEDICAL					26. PLACE OF I	DEATH (Che	eck only one)				
8	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home 5 🗩 🖪	asidence	6 Other	(Specify)		TAN.	000
	27, MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF 21	Bc. INJURY AT WORK?		28d. DESC	RIBE HOW I	NJURY OCCL	RED	
		Pending Investigation				М	1 YES 2	_ NO		3.3	7		8.7
3		Could not be determined	28a. PLACE building	OF INJURY — Atg, atc. (Specify)	t home, farm,	atreet, factory	y, office		261. LOCAT	TION (Street : Town, State)	and Number o	r Rural Rout	Number,
COMPLE	areast or my		ICIAN: To the best of										d manner as state
႘၂	29b, BIGHATORE AND TITLE			1				ENSE NUN				-	orgth, Day, Year)
	6/		11/ ~	11 1					no.	110	A. CALL	1	1 20, 1001
∞	110	set	1	10	)		mo	1)	366	49	5	1(2)	55
m	30. NAME AND ADDRESS OF	PERSON WI	10 COMPLETED CA	USE OF DEATH (	TEM 27) (Typ	e, Print)	MAS	D	366	49	<b>&gt;</b> {	Ital	4
TO BE	30. NAME AND ADDRESS OF Edward P.									-/-	nd 21	701	9



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT IN Item 28 is marked or item 23 shows any injury or other trainmasts event the medical avainable marked as accept
2	23	3

1. DECEDENT'S NAME (First, Middle,	Last)							2. DAT					3. TIME OF DEATH
TAMMX TAMM	IE M.	15		HOLLA	ND			9		8		L991	5:35 A
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthdey)	IF UNDER 1	YEAR DAYS	IF UNDER		7. DATE	E OF B	IRTN (Mar)			HPLACE (State or Forei
221-64-9160	1 M 2 X F	Т	.4 YRS.				MIN.	Mar			1977	W.	Florida
9e. FACILITY NAME (If not institution,				96. CITY, T				EATN			9c. COU	NTY OF E	DEATN
RD 216 Rt. 29				M	ill	ingt	on					Ker	nt
10a. STATE 10b. CO	PUNTY			Y, TOWN OR									10d. INSIDE CITY
MD	Kent		T.	Millin	gto	on							LIMITS?
Rd 216 Rt. 2	291				101.	ZIP COD 216						JSA	WHAT COUNTRY?
11. MARITAL STATUS  1 ,Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED	13. WA	S DECI	ENDENT C	F HISPAI	NIC ORIGI	N? (Sp	ecity Yes	or No-	14. RAC	E — Americen Indien,
3 Widowed 4 Divorced	IF YES, GIVE W					2 XNO			Pircuri.	, atc.)		Spec	://y:
16. DECEDENT'S	EDUCATION	1	6e. DECEDENT'S	USUAL OCC	IPATIO	M		10	- VIM	AF 8116	SINESS/INI	- LOTIN	White
(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 -		(Give kind of life. Do NOT us	work done dur	ing mos	it of workin	ng						
8		"	Stude	ent				K	ent	Co	unty	High	h School
17. FATHER'S NAME (First, Middle, Las	,							ME (First,		Maiden	Sumeme)		
Kenneth Wayne	Holland, S	r.				Do	onna	Sco	tt				
19e. INFORMANT'S NAME (Type/Print)	111		19b. MAILIND								n, State, Zip	Code)	
Kenneth W. Hol	land, Sr.		Box	.33, P	ort	Per	nn,	DE	197	31			
20e. METNOD OF DISPOSITION 1 Burlal 2 X Cremellon 3	Removal from State	20b. Pl cemete	LACE AND DATE	OF DISPOSITI	ON /Nar	ne of		9/1			CATION —		own, Stata
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE /	_ Ca	ipitoi (			D ADDRE	00 OF F4		0	DO	ver,	שע	
el.	0 100					WS I			Hon	ie			
Xary 6	. Tell	10116											
23. PAHT I. Enter the diseases,	or complications the	t caused th	ha death. Do r	37 not enter th	O W	V. Cy	pre.	ss S	t.,	Mi.	lling	gton rest,	, MD 2165.
23. PART I. Enter the diseases, ahock, or heart felli IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Smol	ke and	ha death. Do not have a soot onseduence of	inhala	e mod	ie of dy	pre.	ss S	t.,	Mi.	lling	gton rest,	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Smol	ke and	d soot	inhal	e mod	ie of dy	pre	ss S	t.,	Mi.	Lling	gton ,	Approximate Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Smol	Ke and (DR AS A CO	d soot onseduence of	inhal	e mod	ie of dy	pre.	ss S	t.,	Mi.	lling	gton rest,	Approximate Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Smol	Ke and (DR AS A CO	d soot  ONSEDUENCE OF	inhal	e mod	ie of dy	pre.	ss S	t.,	Mi.	lling	gton rest,	Approximate Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Smol Due to Due to C. Due to d.	KE AND OR AS A CO OR AS A CO	d soot  ONSEDUENCE OF  ONSEDUENCE OF	inhal	ati	on on	ng, auc	SS S	diec (	or reapl	retory en	rest,	Approximate Interval Betwoons and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Smol Due to Due to C. Due to d.	KE AND OR AS A CO OR AS A CO	d soot  ONSEDUENCE OF  ONSEDUENCE OF	inhal	ati	on on	ng, auc	SS S	diec (	WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwoon and D Oneat And D Oneat A
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Smol Due to Due to C. Due to d.	KE AND OR AS A CO OR AS A CO	d soot  ONSEDUENCE OF  ONSEDUENCE OF	inhal	ati	on on	ng, auc	SS S	diec (	or reapl	AUTOPSY MED?	rest,	Approximate Interval Betwoen and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Smol DUE TO c. DUE TO d	KE AND OR AS A CO OR AS A CO	d soot  ONSEDUENCE OF  ONSEDUENCE OF	inhal	ati	on on	ng, auc	SS S	diec (	WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwoon and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat A Oneat A One D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Smol DUE TO C. DUE TO d	KE AND OR AS A CO OR AS A CO	d soot  ONSEDUENCE OF  ONSEDUENCE OF	inhal	ati	On	ng, auc	SS S	24a.	WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwoon and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat A Oneat A One D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 ND	a. Smol DUE TO  b. DUE TO  c. DUE TO  d	ke and (OR AS A CO) (OR AS A CO) deeth but	d soot ONSEDUENCE OF ONSEDUENCE OF	inhal	e moc	On Course (	ng, auc	Part I.	24a.	WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwoon and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat and D Oneat A Oneat A One D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE D ONE
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1X YES 2 ND  27. MANNER OF DEATH	a. Smol DUE TO b. DUE TO c. DUE TO d	ke and (OR AS A CO) (OR AS A CO	ONSEDUENCE OF ON	inhald	e moc	ON  Ceuse (	ng, auc	Part I.	24s. 1X 1X Scribber (Spo	WAS AN PERFOR	AUTOPSY MED?	24b	Approximate Interval Betwons and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1X YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigated.	a. Smol DUE TO b. DUE TO c. DUE TO d	ke and (OR AS A CO) (OR AS A CO) (OR AS A CO) deeth but	ONSEDUENCE OF ON	OTHER:	e moc ati	On Couse (	ng, auc	Part I.  Part I.  B Other  28d. DE	24a. 1X	WAS AN PERFORM YES 2  city) E NOW IN	AUTOPSY MED?  NO  IJURY OCC	24b CURED Se f	Approximate Interval Betwoons and Donast and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending	a. Smol DUE TO b. DUE TO c. DUE TO d.  Ittona contributing to  Ittona contributing to  28e. DATE OF (Month, D. O. O. O. O. O. O. O. O. O. O. O. O. O.	(OR AS A CO  (OR AS A CO  (OR AS A CO  (OR AS A CO  deeth but    ER/Outpatte   INJURY — 91    FINJURY — stc. (Specify)	ONSEDUENCE OF ON	OTHER:	e moc ati	On Couse (	ng, auc	Part I.  Part I.  Bock only or  B Other  28d. DE  ViC	24a. 1)X	WAS AN PERFORI	AUTOPSY MED?  NO  IJURY OCC hOU:	24b  CURED  Se f  or Rural F	Approximate Interval Betwoons and D  were autopsy finding and and posterior to computation of cause of Death?  The source Number,
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigat 2 Accident 3 Suicide 8 Could not determine	a. SMOI  DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CO  (OR AS A CO  (OR AS A CO  (OR AS A CO  deeth but  ER/Outpatle  INJURY  ### FINJURY  #### FINJURY  #### FINJURY  ###################################	ONSEDUENCE OF ON	other thinhald	e moc ati.	On Ceuse (	Ilven In	Part I.  Part I.  Back only or  Back Debugger  Victor 286, Loc Chy  RD 2	24a. 1X. 1X. 1X. 24a. 1X. 24a. 1X. 24a. 24a. 24a. 24a. 24a. 24a. 24a. 24a	WAS AN PERFORM YES 2  cily) E NOW IN Of (Street a r., State) Rt.	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b  CURED  Se f  For Rural F	Approximate Interval Betwoons and Donast and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigat 2 Accident 3 Suicide 8 Could not determine  29s. CERTIFIER (Check only)	a. Smol DUE TO b. DUE TO c. DUE TO d.  Ittona contributing to  Ittona contributing to  28e. DATE OF (Month, D. O. O. O. O. O. O. O. O. O. O. O. O. O.	(OR AS A CO (OR AS	ONSEDUENCE OF ON	other thinhald	ati ati graying grayin	On Ceuse (	Ilven In	Part I.  Part I.  B □ Other  28d. DE  ViC  28f. Looc Chy  RD 2	24e. 1% 1% 1% 1% 1% 100 100 100 100 100 100	WAS AN PERFORM YES 2  city) E NOW IN Of (Street a r., State) Rt.	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	cured Se f or Rural F E, M	Approximate Interval Betwons and D  . WERE AUTOPSY FINDI MARLABLE PRIOR TO COMPLETION DF CAUTO OF DEATH?  1 VES 2 NO  ire  Route Number,  illington
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigat 2 Accident 3 Suicide 8 Could not determine  29s. CERTIFIER (Check only)	a. Smol Due to b. Due to c. Due to d	(OR AS A CO (OR AS	ONSEDUENCE OF ON	other thinhald	e moccati	On Ceuse (	EATH (Chaldence	Part I.  Part I.  Beck only one  Billothe  284. DE  VIC  281. Coly  RD 2  Io the car  Ilme, data	24e. 1% 1% 1% 1% 1% 100 100 100 100 100 100	WAS AN PERFORM YES 2  city) E NOW IN Of (Street a r., State) Rt.	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b  CURED Se f or Rural F E, M ed.	Approximate Interval Betwons and D  . WERE AUTOPSY FINDI MARLABLE PRIOR TO COMPLETION DF CAUTO OF DEATH?  1 VES 2 NO  ire  Route Number,  illington
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1X YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigat 3 Suicide 8 Could not determine  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINERAL PROPERTY ONE)  29. SECRETURE AND TITLE OF COME	a. Smol DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 26e. DATE OF (Month, Dig. of the best of building, HOUS) NYSICIAN: To the best of examples.	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO deeth but    ER/Outpette   INJURY	ONSEDUENCE OF ON	OTHER:  A H Nurshing  E OF URY  2R M  d at the time  n, in my opin	e moccati	ON  Ceuse   Ce	EATH (Chaldence	Part I.  Part I.  Beck only one  Billothe  284. DE  VIC  281. Coly  RD 2  Io the car  Ilme, data	24e. 1% 1% 1% 1% 1% 100 100 100 100 100 100	WAS AN PERFORM YES 2  city) E NOW IN Of (Street a r., State) Rt.	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b  CURED Se f or Rural F E, M ed.	Approximate Interval Betwons and D  . WERE AUTOPSY FINDI MARILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO  I're  Fourte Number,  illington  of menner es state  (Month, Day, Year)
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1X YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigat  2 Accident 3 Suicide 8 Could not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	a. Smol DUE TO b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO deeth but  DER/Outpatte INJURY —91 FINJURY— atc. (Specify) SE my knowled; camination or	ONSEDUENCE OF ON	OTHER:  A \ Nursing  OTHER:  A \ Nursing  A treet, fectory  of at the time  n, in my opin	28. PLA  3 Nome WOF  1 YI  office  date of  date of	Ceuse ( Ceuse	end due od at the	Part I.  Part I.  Book only one of the care  Part I.  Book only one of the care  Bern data	24e. 1% 1% 1% 1% 1% 100 100 100 100 100 100	WAS AN. PERFORI YES 2  city) E NOW IN Of (Street a.m., State) Rt. end menicleca, and	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b  CURED SE f or Rural F E, M ed. as couse(s	Approximate Interval Betwons and D  . WERE AUTOPSY FINDI MARILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO  I're  Fourte Number,  illington  of menner es state  (Month, Day, Year)

38 2 31 State Stat

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit armine.	Sit parentle
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	B
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	st)			7	2. DATE OF DEATH	Y YEAR	3. TIME OF OEATH
GEORGE FRANCI	S IZAT				09 20		10:44 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
218-40-3395	1 M 2 D F	48 YRS.	MONTHS DA	YS NOURS MIN.	01-28-43		RULAND
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TO	WN OR LOCATION OF O		9c. COUNTY OF	
SACRED HEART H	OSPITAL		CI	MBERLAND		ATTE	GANY
RESIDENCE OF DECEDENT			00	TIDEKLAND		ALLE	GANI
SACRED HEART H RESIDENCE OF DECEDENT 100. STATE 100. COL  MARULAND AL	INTY	10c. CIT	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
	LEGANY	CI	RESAPT	TOWN			1X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
14706 OAKWOO1	AVENUE			21502		USA	
10e. STREET AND NUMBER  14706 OAKWOO!  11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT	EVER IN U.S. ARMED		DECENOENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian, ick, White, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X NO	If yo	yes 2. NO Speci	an, Puarto Rican, etc.) fy:		ec/fv:
							WHITE
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S (Give kind of	Work done during	PATION g most of working		SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+					-SPRING	
1.2		IRUCI	KDRI	EK	LIKE	COMPANI	
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12) 1. 2 17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		h = 6
THOMAS IZAT				MARY	ELIZABET	H SHEAI	KEK
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
RAYE ALDINE	IZAT	1470	6 OAKI	VOOD AVE	-CRESAPT	OWN, MD	21502
20e. METHOO OF DISPOSITION 1 (X Burlal 2 Cremation 3 6	lament from State	20b. PLACE AND OAT			1	CATION — City or	Town, State
4 Donation 6 Other (Specify)	agmoval from State	of cemetary, cremator	MEMOR!	LAL PARK	9-24-91 C	UMBERL,	AND, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NA	E AND ADDRESS OF F	ACILITY		
1 1/2 1.	67 7 . 1						OME, P.A.+ ,MD 21502
23. PART I. Enter the diseases,	VI, CHICAL	uch					Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	- Disseu	OR AS A CONSCOUENCE OF AS	Intrai	rascula-	Coaquio	pathy	
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. ESC DUE TO	on as a consequence of	Va	vices	atohs	(	
				17		2000	
PART II. Other significant conditions of the least of the	les Me	death but not resulting	In the under	Tying couse givan i	Pert I. 24e. WAS AN PERFOI	RMED?	Ab. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA			-	8. PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat	28a. DATE OF (Month, De		JURY	UNJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUREO	
2 Accident	be 28e. PLACE O	F INJURY — At home, ferm, etc. (Specify)	street, factory,	office	281. LOCATION (Street City or Town, State)	and Number or Run	el Route Number,
ana)		my knowledge, death occur					e(e) and menner se stated.
296. SIGNATURE AND LITTLE OF CERT	Gerry Cerry	Clever	11//	MD 3	JMBER 5/35	29d, DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON THOMAS	Van	10 14 C	Print)	9/250	ton Divis	Cum	erland m
31. DATE FILEO (Month, Day, Year)		R'S AGNATURE					No.
SEP 2 3 199	1 generalians	ton Handell					

	1. DECEDENT'S NAME (First, Middle, L	ast)	CERTIF			2. DAT	REG. NO.		3. TIME OF DEAT
	RAYMOND		TONES			MON 9		91	
1	4. SOCIAL SECURITY NUMBER 235-84-378	5. SEX 6. A	IGE (In yrs. lest birthday)  78 YRS.	MONTHS DAYS		7. DATE	E OF BIRTH	8. BI	PRTHPLACE (State or Fo
	9a. FACILITY NAME (If not institution, g	live street and number)		9b. CITY, TOW	N OR LOCATION OF I	DEATH	90.	COUNTY O	
45	3724 Clay S	t.		Point	of Rocks	,		Frede	erick
DIRECT	TIDE STATE 105 COL	IINTY	10c. CI	TY, TOWN OR LOC	CATION POCKS				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 3724 CLA	Y STREET			101. ZIP CODE	77	7		F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If yea,	ECENOENT OF HISPA specify Cuban, Maxic ES 2 NO Spec	en, Puerto	N? (Specify Yes or N Rican, etc.)	В	ACE — American India Hack, White, etc. pecify: Whit
ETED	15. OECEDENT'S (Specify only highest g	EDUCATION (rade completed)	18a. OECEDENT'S	S USUAL OCCUPA work done during use retired.)	TION most of working	16	b. KIND OF BUSINES	S/INDUSTR	Υ
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)			roject M	or	Construc	tion	Co
COMPL	17. FATHER'S NAME (First, Middle, Last)		00110011				Middle, Malden Suma		00.
BE (		LEN	JONES, Jr		NAOM:	I	- TRA	CY	
2	19a. INFORMANT'S NAME (Type/Print) LINDA JON	VE S	3724		St. / Po:				
	20g, METHOD OF DISPOSITION		20b. PLACE AND DATE			LIL C			21777
	1 (X Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)		RESTHAVE			9-2			MARYLANI
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME	ANO ADDRESS OF F	ACILITY S	TAUFFER	FUNER	AL HOME
0.0	Stouda o	1 2000000	0 )						
	iMMEDIATE CAUSE (Final disease or condition	ire. List only one cause o	seed the deeth. Do in each line.	not enter the n	node of dying, suc	ch as car	diac or respirator	y arrest,	Approxim interval B Onset an
RTIFICATION	IMMEDIATE CAUSE (Final	a. ADENCEA.  DUE TO (OR A  DUE TO (OR A	n eech line.	OF 774	node of dying, suc	ch as car	diac or respirator	y arrest,	Approxim interval B Onset and
CAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente	a. ADENCOA.  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE O	OF 7740 OF): OF):	E CELON	METT.	diac or respirator	y arrest,  LIVE	Approximintarvai B Onset and 9 1/2
MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted evente resulting in death) LAST	a. ADENCOA.  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE O	OF 7740 OF): OF):	E CELON	METT.	24a. WAS AN AUTO	y arrest,  LIVE	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF COF DEATH?
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions in the condition of the conditions in the	a. ADENCAR.  DUE TO (OR A  C. DUE TO (OR A  d	AS A CONSEQUENCE OF The but not resulting	of 77/3	E COLON	METT.	24a. WAS AN AUTO PERFORMED  1 □ YES 2 ØEN	y arrest,  LIVE	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF COF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions.	a. ADENCED.  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  d	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	OF):  OF):  OF):  OF):  OF):  OF):  OTHER:	E CELON	Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 KN	y arrest,  LIVE	24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION DF C
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significent conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. ADENCEA.  DUE TO (OR A  C. DUE TO (OR A  d	AS A CONSEQUENCE OF THE PROPERTY STATES A CONSEQUENCE OF THE PROPERTY STATES AND A CONSEQUENCE OF THE PROPERTY STATES A	OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF   28c. III  JURY	E COLON I	Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 KN	y arrest,  LIVE  PSY 2	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions and investigations are conditionally as a condition of the cause of the	b. DUE TO (OR A  b. DUE TO (OR A  c. DUE TO (OR A  d. Lions contributing to deat  Lions contributing to deat  Lions contributing to deat  28e. DATE OF INJUI (Month, Day, Yes	AS A CONSEQUENCE CO  AS A CONS	OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF 28c. IF  JURY M f	ing ceuse given in	Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 KN	PSY 2	Approximintarial B Onset and 9 1/2  24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF GOT DEATH?  1 YES 2 1
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding Investigated CAUSE (Duid not determined)  2 October 100 Not on the determined	B. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AN A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQU	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho ME OF UNITY M f   street, factory, off	PLACE OF DEATH (CI ome 5 K Rasidenca NJURY AT VORK? VES 2 NO	Part I.  Part I.  Back only o	24a. WAS AN AUTO PERFORMED  1 YES 2 NN  OF (Specify)  SCRIBE HOW INJURY OF TOWN, State)	PSY 2 OCCURED	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2   1
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigated Significant Could not deatmined.  29a. CERTIFIER (Check only) 1 CERTIFYING PM.	B. DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AN A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A CONSEQUENCE CO  A C	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF  JUHY M f  street, factory, off	PLACE OF DEATH (CI ome 5 K Rasidenca NJURY AT VORK? VES 2 NO	Part I.  Part I.  B Cth.  286. LOC	24a. WAS AN AUTO PERFORMED  1 YES 2 NN  1 YES 2 NN  1 YES 2 NN  24TION (Street and Nu or Town, Stele)	PSY 2 OCCURED	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF DEATH?  1 YES 2   P
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions in death last  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigate investigate a Could not determined to the conditions of the c	ADENCE A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  d.  DUE TO (OR A  d.  LIONS CONTRIBUTING to deat  LIONS CONTRIBUTING TO THE CONTRIBUTION CONTRIB	AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AS A CONSEQUENCE CO  AN A CONSEQUENCE CO  A CONSEQU	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF  JUHY M f  street, factory, off	ing ceuse given in  PLACE OF DEATH (C)  PLACE	Part i.  Peck only o  City  281. LOC City  a to the case time, date  MBER	24a. WAS AN AUTO PERFORMED  1 YES 2 N  OT TOWN, Street and Nucor Town, Street  use(a) and manner as a and place, and due	PSY 2 OCCURED Imber or Rural to the cause	Approximintarvai B Onset and 9 1/2  24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF DEATH?  1 YES 2 1 Find the second of the
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST  PART II. Other significent conditions in death and investigated and invest	ADENCE A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  d.  DUE TO (OR A  d.  LIONS CONTRIBUTING to deat  ADENCE A  DUE TO (OR A  d.  DUE TO (OR A  d.  28a. DATE OF INJUI  28a. DATE OF INJUI  28a. PLACE OF INJUI  DUI DUILDING TO the beat of my kn  AVSICIAN: To the beat of axaming	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  In the underlyi  OTHER: 4E OF JURY M 1  street, factory, off  red at the time, da on, in my opinion, o, Print)	ing ceuse given in  PLACE OF DEATH (CI  Ome 5 M Rasidence NJURY AT VORK?  YES 2 NO  Notes  And place, and due death occurred at the	Part i.  B Other 28d. OE  28f. LOC City  a to the case time, date  MBER	24a, WAS AN AUTO PERFORMED?  1 VES 2 XN  SCRIBE HOW INJURY  CATION (Street and Nu or Town, Stele)  use(a) and manner as a and place, and dua	PSY 2 O CCURED  Moder or Run  DATE SIGN	Approximintarval B Onset an 9 1/2  24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2

-,			
page		pe	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely hilled in by the funeral director, page :		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n	
ē		iner	
Pule		other traumatic event, the medical examiner mu	
/ The	POVAL	lea	
E	ren	9	
2	0,	E	
y T	ation	the	
Meter	rema	H.	
OMIC	अं ८	Š	
2	pnu	atic	
an a	10	E	
SICI	prio	tra	
10 B	епе	ther	
E E	F	0	
atte	Tag	7,	
the	Me	를	
3	and	I I	
gned	afth	8 3	
S	H	¥ 0	
8	H. 0	20	
has	Dec	1 2	
cate	State	Te	
Sertif	the	0	
this i	with	ked	
Mer	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E	
R.	ter c	55	
E	S af	1 28	
8	hour	item	
M	2	=	
UNE	rithin	AMT	
포	w pa	ORT	
0	be fi	MP	
	_	_	

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIEN		
1. OECEDENT'S NAME (First, Middle, Last) JOHN		apige			2. DATE OF OEATH MONTH Sept. 18,		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-32-5366  90. FACILITY NAME (If not institution, give	12 M 2 🗆 F	64 YRS. MC	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) May 3, 19	927	BIRTHPLACE (State or Foreign Country) Wash. D.C.
10801 Middlebor				nascus	EATH		ntgomery
10e. STATE 10b. COUNT	tgomery	10c. CITY, 1		MASCUS . ZIP CODE		10g. CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
10801 Middleb  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	oro Dr.  12. WAS DECEDENT EVER FORCES? 1 1 1 1 YE IF YES, GIVE WAR OR KOPE	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	De or No.— 14	USA  I. RACE — American Indian, Black, White, etc.  Specify White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S US (Give kind of word life. Do NOT use in	WAL OCCUPATION to during mostired.)	ON st of working	16b. KIND OF BU	JSINESS/INDUS Applia	тяу
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)	
	er Keefe, Sr	•		There	sa C. Hors	stkamp	
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Janet L. Keefe					Damascus		
20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE Of competery, crematory or Mt. Olive	other place)  t Ceme	(Name	1		ck, Md.
21. SIGNATURE OF FUNERAL SERVICE L	Malosu att		Oli		esworth, F Rd., Dama		Md. 20872
immediate CAUSE (Finel disease Dr condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. 15CHSA.  DUE TO (OR AL  CO ROA		RDIA	MYOPI	XHY	,	Co Minimal Comment of Minimal Co
PART II. Other significent condition	one contributing to deeth	but npt resulting in	the underlyin	g cause given ir		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF OEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O		THER:	ne 8 🗆 Residence	Other (Specify)	HON	18
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJUF (Month, Day, Yea		RY WO	IURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INIS	IRY — At home, farm, stripecify)	set, factory, offic	•	28t, LOCATION (Stree City or Town, State		r Rural Route Number,
Tonion only	SICIAN: To the best of my kn						l. couse(e) end manner ee stated.
294 SHAWATURE AND THE OF CERTIFI	ER	01	57 79	29c. LICENSE NU	IMBER	29d. DATE :	SIGNED (Month, Day, Year)
Cours Tra	ymone	BU		1 20:	535	▶ Se	pt. 19, 1991
Roger Steven 31. DATE FILED (Month, Day 1987) SEP 23 1991 July	son, Jr., M.	D. 6410		ige Dr.	# 200, Bet		

The company of the co The same of the sa

The Setting 142 and a contract

Till L. (chertoren, i.s. electronic views and second .

And the Control of the second

Charles and the standard of

- Notes Constitute, Mr., M. . Will Residents In. V 202, Johnson, W. . . . .

. The promote that the same

Mindle ... Inches

TO BE COMPLETED BY FUNERAL DIRECTOR

be filed within 72 hours after death with the State Dept. of Health and Mental Hygene priorition build, improved not one more an unique, page 5 should be related in MPORTANT. If Item 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MORID PHY, 70-074 191

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (Firs	t, Middle, Last)			CERTIF					2. DAT	REG. NO	-		3. TIME OF DEATN
Margaret	Ivey I	Keyton								ember 23	1991	YEAR	12:40 a.
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	, 1000	8. BIRT	HPLACE (State or Foreign
219-20-02	46	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Septe	ember 7,	1909	Count	ginia
90. FACILITY NAME (If not I	institution, give	street end number)			9b. CITY,	TOWN	OR LOCATI	ION OF D				NTY OF E	
Washington	County	y Hospita	1		Ha	ager	stow	m			1	<i>l</i> ash	ington
10e. STATE	10b, COUNT	ry		10c. CI	TY, TOWN O	R LOCAT	TION						10d, INSIDE CITY
Maryland	Was	shington			Hager	rsto	wn						LIMITS?
10e. STREET AND NUMBER						-	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
439 W. Anti	etam S	Street					2174	.0			US	SA	
11. MARITAL STATUS 1 Never Merried 2 3 Divi		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	- 11	f yes, sp	ENDENT ( ocity Cube 2 1 NO	en, Mexica	ın, Puerto	N? (Specify Yea Ricen, etc.)	or No-		E - American Indien, ek, White, etc.
15. DEC (Specify on	CEDENT'S EDU	JCATION e completed)	10	6a. DECEDENT'S	USUAL OC	CUPATIO	ON of works	la a	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	me. Do NOT u	ess retired.)	uring mo	St Or WORK	ng		laundr	у		
17. FATNER'S NAME (FIRS), N Jacob N. Da	ggy							HER'S NA		Middle, Meiden	Sumame)		
190. INFORMANT'S NAME (		2016								nber, City or Tow			1.04=45
Frances 200. METHOD OF DISPOSIT		oole						ue	Hage	rstown	, Mai	cyla	nd 21740
1 X Burlet 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem		20b. Pt Cemete Res	LACE AND DATE ory, crementory or c THAVET	of Disposition of Disposition (Ceme)	eter	me of		9/	25 Hag	cation - ersto		own, State Maryland
21 SIGNATURE OF FUNERA													1200
Leuld	n	Minn	ich		Fu	ral mer	d N.	ome	nich	305 Hag	N. I	Potor	mac Street Maryland
23. PART I. Enter the d	lisessea, or eert fellure.	complications the	ISO ON COC!	n line.	Funot enter	meral tha mod	al H	ome	nich	305 Hag	N. I	Potor	Mac Street  Maryland  Approximate interval Between Onset and Death
23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disesse or condition	lisesses, or leert fellure.	complicationa the List only one cau  a	(OR AS A CO	onsequence o	Function of the following forms of the follow	mer.	al H	ome	nich	305 Hag	N. I	Potor	mac Street Maryland
23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition reculting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS	lisesses, or eart fellure.	complicationa the List only one cau  a	(OR AS A CO	ONSEQUENCE O	Funot enter f	mer.	al H	ome ling, suc	nich	. 305 Hag disc or respi	N. I	Potor own, reet,	Maryland  Approximate interval Between Onset and Death 2 9 hus. B.  1 month,
23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Findisesse or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS	ilsessea, or eert fellure. nal	complicationa the List only one cau  a	(OR AS A CO	ONSEQUENCE O	Function for the uncomment of the uncomm	name and iner. Iner Iner. Iner. Iner. Iner. Iner. Iner. Iner. Iner. Iner. Iner. Iner	al H	ome ling, suc	nich	305 Hag	N. I erstory srr	Potor own, reet,	Mac Street Maryland Approximate Interval Between Onset and Death
23. PART i. Enter the d shock, or h immediate CAUSE (Findisesse or condition reculting in death)  Sequentially list condition for the sequentially list condition recurse. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS  PART II. Other significations.	ilsessea, or eert fellure. nal	complications the List only one cau  a	(OR AS A CO	ONSEQUENCE O	Function for the uncomment of the uncomm	meral tha moderiying	al H	OME ing, suc	Part i.	24e. WAS AN PERFOR	N. I erstory srr	Potor own, reet,	Maryland  Approximate interval Between Onset and Death 2 9 hours  1 monts,  were autopsy findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the d shock, or h immediate CAUSE (Find disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS  PART II. Other signification.	ilsessea, or eert fellure. nal	Complications the List only one cau  a. DUE TO b. OUE TO c. DUE TO d	(OR AS A CO	ONSEQUENCE O	Function of the uncertainty of t	derlying	al Hode of dy	OME Ing, suc	Part i.	305 Hag disc or respi	N. I erstory sm	Potor Dwn, reet,	Maryland  Approximate interval Between Onset and Death 2 9 hours.  1 Montz,  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the d shock, or h immediate CAUSE (Fil disease or condition resulting in death)  Sequentially list condit if any, leading to immediate CAUSE. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS  PART II. Other significations in the cause of th	ilsesses, or leert fellure. In al leions, diate ling liny int condition in conditio	Complications the List only one cau  a. Due to Due to Oue to Oue to Oue to Oue to Oue to Oue to Oue to Oue to Oue to Oue to Oue To Oue	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	ONSEQUENCE O	Function of the uncertainty of t	deriying  26. PL: ing Nome 28c. WJU  1   Y	al Hode of dy	OME ing, suc	Part i.	240. WAS AN PERFOR 1 YES 2	N. I erstory sri	Potor Dwn, reet,	Mac Street Maryland  Approximate interval Between Onset and Death 2 4 hors  L month,  were autopsy findings Mailable Prior to completion of cause of Death? 1 yes 2 ho
23. PART I. Enter the d shock, or h immediate CAUSE (Fil disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initisted evente resulting in death) LAS  PART II. Other significations in the ceuse in the ceu	ilsessea, or leert fellure. In al leions, idiate ING Irry ont condition on MEDICAL	Complications the List only one cau  a	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	ONSEQUENCE O	Function of the uncertainty of t	deriying  26. PL: ing Nome 28c. WJU  1   Y	al Hode of dy	OME ing, suc	Part i.	305 Hag disc or respi	N. I erstory sri	Potor Dwn, reet,	Mac Street Maryland  Approximate interval Between Onset and Death 2 4 hors  L month,  were autopsy findings Mailable Prior to completion of cause of Death? 1 yes 2 ho
23. PART I. Enter the d shock, or h shock,	ilsessea, or leert fellure. In al leions, diate ling liny ent condition has been conditioned. The condition of the condition	complications the List only one cau  a	(OR AS A CO (OR AS A CO (OR AS A CO death but be continued by the continue	ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, farm, i	Functional Figure 1 F	derlying  26. PL  ing Nome  28c. INJU  YO'  yory, office	ACE OF DIEY AT RES 2	OME ing, suc	Part i.	24e. WAS AN PERFOR 1 YES 2	N. I erstory sre	Potor DWn, reet,  24b	Maryland  Approximate interval Between Onset and Death 2 4 hung.  L MONTO, 1 MONTO,
23. PART I. Enter the d shock, or h shock,	ilsessea, or eert fellure. nal his ions, diate ing iry ent condition in the condition in th	complications the List only one cau  a. DUE TO b. OUE TO c. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO death but be continued by the continue	ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, farm, i	Functional Figure 1 F	derlying  26. PL  ing Nome  28c. INJU  YO'  yory, office	al Hode of dy	OME ing, suc	Part i.  Part i.  261. LOC City  to the cast	24e. WAS AN PERFOR 1 YES 2	N. I erstory sre	Potor DWn, reet,  24b  CUREO or Rural F	Maryland  Approximate interval Between Onset and Death 2 4 hung.  1 Ments,  Were Autopsy Findings Mailable Prior To Completion of Cause of Death?  1 Yes 2 Ao
23. PART I. Entar the d shock, or h shock,	ilsessea, or leert fellure. In al leions, diate in al leions, diate in al leions and condition in a leions and condition in a leions and condition in a leions and condition in a leions and condition in a leions and conditions are also in a leions and conditions are also in a leions and conditions are also in a leions and conditions are also in a leions are also in	Complications the List only one cau  a. Due to b. Oue to oue to oue to oue to oue to d.  The contributing to the contributing to the contributing to oue to	(OR AS A CC (OR AS	ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, farm, indiger, death occurrend/or investigation	Function of the uncertainty Marshall of the uncertainty Ma	derlying  26. PL  ing Nome  28c. INJU  YO'  yory, office	ACE OF DO	OME ing, suc	Part i.  Part i.  261. LOCK City  to the cast time, date	24e. WAS AN PERFOR 1 YES 2	N. I erstory sre	Potor  Potor  DWn,  reet,  24b  CUREO  or Rural F  ad.  e ceuse(e	Maryland  Approximate interval Between Onset and Death 2 4 hours.  L Maryland  Approximate interval Between Onset and Death 2 4 hours.  L Maryland  L

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

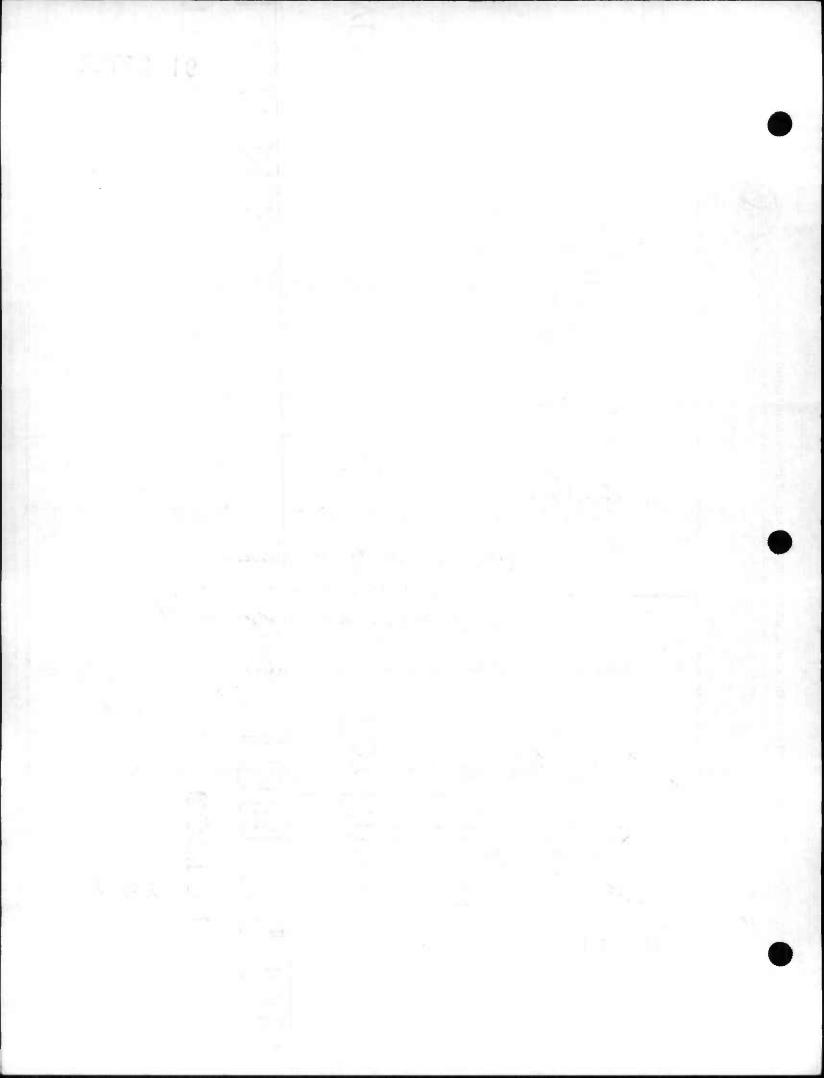
	REGISTRAR		CERTIFI	CATE OF DEAT	H REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Less JAMES KNOTT		IGNATIUS KN	IOTT, JR.	2. DATE OF DEATH SEPTEMBE	1	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-16-8604		8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2	HRS. 7. DATE OF BIRTH (Month, Day, Year	8. BIF	RTHPLACE (State or Forei		
CTOR	60. FACILITY NAME (If not institution, give CALVERT MEMOR)  RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION PRINCE FREE		90. COUNTY OF CALV			
DIREC	10e. STATE 10b. COUR	T. MARY'S		TOWN OR LOCATION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	10e. STREET AND NUMBER 209 MANOR D			101. ZIP CODE 20667		U.S.	F WNAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WAT 1943 —		13. WAS DECENDENT OF If yes, specify Cuben, 1  YES 2 NO	HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) Specify:	Yes or No- 14. RA	American Indian, ack, White, etc.		
PLETED	15. DECEDENT'S EL (Specify only highest gra	OUCATION de completed) College (1-4 or 5+)	16s. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working retired.)		BUSINESS/INDUSTRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last)	ATIUS KNOT	T AUTO ME	18. MOTNE	AUTO R'S NAME (First, Middle, Meil THA MARIE B				
TO BE	190. INFORMANT'S NAME (Type/Print)  JULIANA MAYOR KN		19b. MAILING A	DDRESS (Street and Number of OR DRIVE, PA	Rural Route Number, City or	Town, State, Zip Code)	0667		
	20a_METHOD OF DISPOSITION 1 ABurlat 2 Committee 3 Pe		205 PLACE AND DATE OF Connectory, cremetory, or other STAMES	DISPOSITION (Name of	DATE 20c.	LOCATION - City or	0667 Town, State ARK, MARYI		
	Zewand 10.	Bran S	X	22. NAME AND ADDRESS BRINSFIEL		OME, P.A.			
CERTIFICATION	Sequentielly list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	с	R AS A CONSEQUENCE OF:	perfusion ero sclerat	tic hear	t diren	re.		
: MEDICAL	PART II. Other algoriticant condition	one contributing to de	eeth but not resulting in	the underlying ceuse giv	PER	AN AUTOPSY 2: FORMED?	AALABLE PRIOR TO COMPLETION OF CALLOR OF DEATH?		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEADTHER:					
ву рну	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCURED			
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF I building, at	NJURY — At home, ferm, str (Specify)	et, factory, office	281. LOCATION (Stre City or Town, Ste	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFVING PNY 0ne) 2 MEDICAL EXAMIN	SICIAN: To the best of m	knowledge, death occurred nination end/or investigation,	at the time, date end place, e	nd due to the cause(s) end r	manner es stated.	r(s) end menner es state		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	Taul	to m)	> 29c. LICENS	E NUMBER	29d. DATE SIGNE	D (Month, Day, Year)		
	PAUL TSO, M.I	PRIN	ICE FREDERIC						
	31. DATE FILED (Month, Day, Year)	Sulia Da	M door Mary Law						

Film h. Bucker

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 Hever Merried 2 Merried 3 Widowed 4 Divorced  15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (12)  17. FATHER'S NAME (First, Middle, Lest)  Harry Knecht  19. INFORMANT'S HAME (Type/Print)  Richard E. Knech  20. METHOD OF DISPOSITIOH 1 M Burlel 2 Cremetton 3 Removal from 3 4 Donatton 6 Other (Specify)  21. SIGHATURE OF FUNERAL, SERVICE LICLUSIES.	et  (P.O. DECEDENT EVER IN USES? 1 YES, GIVE WAR OR DATE  (1-4 or 5+)  t  State 206.1  Of Col. Date Cause Dries of Col.	H  yrs. last birthday)  yrs.  10c. CITY,  We S  BOX 22  J.S. ARMEO 2 MO 2 MO 10c. CITY,  We S  BOX 22  Hos. OECEDENT'S Us iffe. Do NOT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iffe. Do NoT use iff	KNECH F UNDER 1 YE ONTHE OAA No. CITY, TON Cum TOWN OR LI t Sa )  13. WAS If ye 1 □  DDRESS (Sh BOX  OF DISPOSIT Other place e1 S  22. NAW NeW 101	AN IF UNDER 24 HMS.  ANYS HOURS MIN.  WIN OR LOCATION OF DI  IDECTION  I I SDURY  101. ZIP CODE  15565  B DECENDENT OF HISPANA  As, apecity Cuben, Mexica  YES 2 NO Specification  I B. MOTHER'S NA  Ma  Treet and Number or Rural  65, West  TION (Name  10)  Cemetery  ME AND ADDRESS OF FA  TION S, Gran  S, Gran	INIC ORIGIN? (Specify an, Puerto Rican, etc.)  West  West  If Boute Number, City or Salisbu  DATE 20c.  y 9-16 W  ACILITY  Part Home	10g. CITIZEN  10g. CITIZEN  10g. CITIZEN  US  Yee or No- 14.  Salisk  In Surmeme) Vetmill  Town, State, Zip Cocarry, PA  LOCATION - Chy est Sa	BIRTHPLACE (State or Foreign Country) Penna. OF DEATH  Legany  10d. INSIDE CITY LIMITS? 1  YES 2  No OF WHAT COUNTRY?  CA  RACE — American Indien, Black, White, etc. Specify: White  CHY  DURY Garage  Ler  Del 15565  Or Town, State  Lisbury, PA
208-03-6777  9a. FACILITY HAME (II not institution, give street and nure Memorial Hospital RESIDENCE OF DECEDENT  10b. STATE 10b. COUNTY  Penna. SOMETSO  10c. STREET AND NUMBER  Tub Mill Run Road  11. MARITAL STATUS  1	et  (P.O. DECEDENT EVER IN USES? 1 YES, GIVE WAR OR DATE  (1-4 or 5+)  t  State 206.1  Of Col. Date Cause Dries of Col.	PLACE AND DATE OF MICHAEL  The death. Do no	DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)  DDRESS (She BOX)	www or Location of Disberland  OCATION  Lisbury  101. ZIP CODE  15565  DECENDENT OF HISPAIRS, appectly Cuben, Maxical YES 2 No Specific Sp	(Month, Day, Year)  3-19-19  3-19-19  INIC ORIGIN? (Specify an, Puerio Rican, etc.)  West  AME (First, Middle, Maid argaret V  Route Number, City or Salisbu  DATE 20c.  y 9-16 W  ACILITY  Cral Home	912 F 9c. COUNTY All 10g. CITIZEN US Yee or No- 14.  BUSINESS/INDUST Salisk ion Surmame) Vetmill lown, State, Zip Coury, PA LOCATION - Chy est Sa	Penna.  OF DEATH  Legany  10d. INSIDE CITY LIMITS? 1
Memorial Hospital  RESIDENCE OF DECEDENT  100. STATE  Penna.  100. COUNTY  Penna.  Somers  100. STREET AND NUMBER  Tub Mill Run Road  11. MARITAL STATUS  12. WAS DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)  Harry Knecht  18. INFORMANT'S HAME (Type/Print)  Richard E. Knech  19. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Richard E. Knech  10. INFORMANT'S HAME (Type/Print)  Ric	P.O. DECEDENT EVER IN UES? 1   YES S, GIVE WAR OR DATE  (1-4 or 5+)   State   206, of cell	10c. CITY, Wes  Box 22  J.S. ARMEO 2 No ES  16a. OECEDENT'S US (Give kind of word life. Do Alof word life. Do Mail. Ing A P.O.  PLACE AND DATE Cometary, crematory or Michael tha death. Do no	Cum TOWN OR LI t Sa  )  13. WAS If yee 1     DORRESS (Sto BOX  OF DISPOSIT of other place el S  22. NAM New 101	DECENDENT OF HISPAIA, appetly Cuben, Maxical YES 2 NO Specific Northern NA Matter 165, West TION (Name 19) Cemetery Me and address of FAM Tune S. Gran	INIC ORIGIN? (Specify an, Puerto Rican, atc.)  16b. KIND OF I  West  AME (First, Middle, Maid  Irgaret V  Route Number, City or 3  Salisbu  DATE 20c.  y 9-16 W  ACILITY  Pral Home	All  10g. CITIZEN US  10g. CITIZEN US  SUSINESS/INDUST  Salish For Surmarne) Vetmill Fown, State, Zip Cocury, Pr LOCATION — City est Sa	10d. INSIDE CITY LIMITS? 1 VES 2 XNO OF WHAT COUNTRY? SA  RACE — American Indien, Black, White, etc. Specify: White Oury Garage Ler A 15565 or Town, State Lisbury, PA
De. STATE  Penna.  De. STREET AND NUMBER  Tub Mill Run Road  I. MARITAL STATUS  Hever Merried 2 Married  Specify only highest grade completed)  Elementary/Secondary (0-12)  T. FATHER'S NAME (First, Middle, Lest)  Harry Knecht  De. INFORMANT'S HAME (Type/Print)  Richard E. Knech:  Bestie 2 Cremation 3 Removal from 5 Donation 6 Other (Specify)  1. SIGHATURE OF FUNERAL, SERVICE LICENSER  MMEDIATE CAUSE (Final Sleesase or condition equiting in death)  Sequentiely list conditions, fany, leading to immediate	(P.O. DECEDENT EVER IN U ES? 1   YES S, GIVE WAR OR DATI  (1-4 or 5+)	BOX 22  J.S. ARMEO 2 TNO ES  166. OECEDENT'S US (Give kind of word life. Do NOT Use) OWNEY/  19b. MAILING A P.O.  PLACE AND DATE C metary, crematory or Michael tha death. Do no	SUAL OCCULAR done durin referred.)  DDRESS (Sto BOX  DEFINITION DEPOSIT Other place el S  22. NAM  New  101	Ilisbury  101. ZIP CODE  15565  DECENDENT OF HISPAI A, apacity Cuben, Maxica Yes 2 M NO Specific Tator  18. MOTHER'S NA Ma  The end Number or Aural 65, West  TION (Name 19) Cemetery ME AND ADDRESS OF FA TOM Fune S. Gran	INIC ORIGIN? (Specify an, Puerto Rican, stc.)  18b. KIND OF E  West  AME (First, Middle, Maid. Legaret V  Route Number, City or 2  Sallsbu  DATE 20c.  y 9-16 W  ACILITY  Pral Home	Salisk Salisk For Surmerne) Vetmill Fown, State, Zip Coultry, Pr LOCATION — CRy Set Sa	10d. INSIDE CITY LIMITS? 1 VES 2 KNO OF WHAT COUNTRY? SA  RACE — American Indien, Black, White, etc. Specify: White Oury Garage Ler A 15565 or Town, State Lisbury, PA
De. STREET AND NUMBER CUD Mill Run Road  I. MARITAL STATUS  Hever Merried 2 Married  Secretary Middwed 4 Divorced  15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  T. FATHER'S NAME (First, Middle, Last)  Harry Knecht  De. INFORMANT'S HAME (Type/Print)  Richard E. Knech  De. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Removal from S Donation 6 Other (Specify)  I. SIGHATURE OF FUNERAL, SERVICE LICUMBE  23. PART I. Enter the diseases, Dr complication shock, or heart feliure. List only MMEDIATE CAUSE (Final Sease or condition equiting in death)  Sequentielly list conditions, farry, leading to immediate	(P.O. DECEDENT EVER IN U ES? 1   YES S, GIVE WAR OR DATI  (1-4 or 5+)	BOX 22  J.S. ARMED 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO	13. WAS If year If yea	December of Hispan, Maxica yes 2 No Specification of working ator 18. Mother's NJ Maxica Maxi	INIC ORIGIN? (Specify an, Puerto Rican, stc.)  18b. KIND OF E  West  AME (First, Middle, Maid. Legaret V  Route Number, City or 2  Sallsbu  DATE 20c.  y 9-16 W  ACILITY  Pral Home	Salish Salish Source Susiness/indust Salish Salish Source Salish Source Survey, PA Location - Chy Set Sa Se, Inc.	OF WHAT COUNTRY?  SA  RACE — American Indien, Black, White, etc. Specify: White Oury Garage  Ler  A 15565  or Town, State Lisbury, PA
I. MARITAL STATUS  Hever Merried 2 Married  Widowed 4 Divorced  15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (12)  7. FATHER'S NAME (First, Middle, Lest)  Harry Knecht  De. INFORMANT'S HAME (Type/Print)  Richard E. Knech  De. METHOD OF DISPOSITIOH  M. Burlel 2 Cremation 3 Removal from 3  Donation 6 Other (Specify)  1. SIGHATURE OF FUNERAL, SERVICE LICENTIAL  P. SEQUENTIAL Enter the diseases, or complicating shock, or heart feliure. List only information is condition to be a sequentially list conditions, farry, iseding to immediate	DECEDENT EVER IN USES 1   YES 5, GIVE WAR OR DATE 1   1   1   1   1   1   1   1   1   1	J.S. ARMEO 2 MO 2 MO ES  16e. OECEDENT'S US (Give kind of wor life. Do NOT use of OWNEY/  19b. MARLING A P.O.  PLACE AND DATE Cometary, grematory of Michael tha death. Do no	13. WAS If yeer I get to the form of the f	DECENDENT OF HISPAI  Control of HISPAI  Control of Morking  Control of Working  Contro	INIC ORIGIN? (Specify an, Puerto Rican, stc.)  18b. KIND OF E  West  AME (First, Middle, Maid. Legaret V  Route Number, City or 2  Sallsbu  DATE 20c.  y 9-16 W  ACILITY  Pral Home	Salisk Salisk Sen Surneme) Wetmill Sown, State, Zip Coc LITY, P7 LOCATION — City est Sa	RACE — American Indien, Black, White, etc. Specify: White Oury Garage Ler Co 15565 or Town, State Lisbury, PA
Hever Merried 2 Married    Hever Merried 2 Married   FORCI   FYES	t  State  20b. 1  State  Dona that caused in	2 NO ES  16a. OECEDENT'S Us (Give kind of wor life. Do NOT use :  OWNEY/  19b. MAILING A P.O.  PLACE AND DATE C metary, crematory or Michae tha death. Do no	SUAL OCCUING the durin retired.)  Oper  DORESS (Store Box  Oper Disposition of the place et al. S. S. Naw  New 101	PATION In most of working Tator  18. MOTHER'S NA Ma Treet and Number or Rural 65, West  TION (Name 19) Cemetery ME AND ADDRESS OF FA TYMEN AND ADDRESS OF FA TYMEN S. Gran	AME (First, Middle, Maiol Parte Value)    DATE   20c.   Value	Salish Salish Salish Son Surmame) Vetmill Town, State, Zip Coc LLCATION — City Cest Sa E, Inc.	Black, White, etc. Specify: White  Oury Garage  Ler  A 15565  or Town, State  Lisbury, PA
(Specify only highest grade completed)  Elementary/Secondary (0-12)  12  7. FATHER'S NAME (First, Middle, Last)  Harry Knecht  Be. INFORMANT'S HAME (Type/Print)  Richard E. Knech  Ge. METHOD OF DISPOSITIOH  M. Burial 2   Cremation 3   Removal from S   Donation 6   Other (Specify)  1. SIGHATURE OF FUNERAL SERVICE LICHARD  23. PART I. Enter the disease, Dr complication shock, or heart feliure. List only information in the property of the proper	t 20b. I State St. State St. State Dria ceuse Dri eac	(She kind of working to be with the death. Do not use to the control of the control of the death. Do not the death. Do not the death. Do not the control of the death. Do not the control of the death. Do not the death. Do	DORESS (Sto BOX  OF DISPOSITION OF D	Tator  16. MOTHER'S NA Ma Treet and Number or Rural 65, West TION (Name 10) Cemetery ME AND ADDRESS OF FA TYMEN TYME S. Gran	West AME (First, Middle, Maio Largaret V Route Number, City or 2 Salisbu DATE 20c. y 9-16 W ACLITY Eral Home	Salish  wetmill  wetmill  cour, State, Zip Cou  ary, PA  LOCATION — CHy  est Sa  e, Inc.	Dury Garage  ler A 15565  or Town, State Lisbury, PA
Harry Knecht  be INFORMANT'S HAME (Type/Print) Richard E. Knecht  be METHOD OF DISPOSITION  Burlet 2   Cremation 3   Removal from 5   Donation 6   Other (Specify)  C. SIGHATURE OF FUNERAL SERVICE LICUMB  BURLET CAUSE (Final lices are or complicated shock, or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent of the complete shock or heart feliure. List only independent or heart feliure. List only independent or heart feliure. List only independent or heart feliure in the complete shock or heart feliure. List only independent or heart feliure in the complete shock or heart feliure. List only independent or heart feliure in the complete shock or heart feliure. List only independent or heart feliure in the complete shock or heart feliure. List only independent or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete shock or heart feliure in the complete s	State 20b. I of con St.	19b. MAILING A P.O.  PLACE AND DATE Cometary, grematory or Michael	DORESS (SEE BOX DE DISPOSITION OTHER PLACE ELS 22. NAM New 101	18. MOTHER'S NA Ma meet and Number or Rural 65, West TION (Name a) Cemetery ME AND ADDRESS OF FA TMAN Fune S. Gran	AME (First, Middle, Maid rgaret V Route Number, City or E Salisbu DATE 20c. y 9-16 W ACLITY	Vetmill  Vetmill  Vetmill  Vey, Pi  LOCATION — City  Cest Sa  E, Inc.	ler A 15565 or Town, State lisbury, PA
INFORMANT'S HAME (**Ippe/Print)* Richard E. Knech:  Richard E. Knech:	State 20b. I of con St.	PLACE AND DATE Commetary, grematory or Michael	of disposition of the place of	tion (Name  Cemetery Me and Address of Fund Man Fune S. Gran	Poute Number, City or Salisbu Salisbu DATE 20c. y   9-16 W ACLITY eral Home	cours, State, Zip Cook LTY, PA LOCATION — CRY Sest Sa E, Inc.	or Town, State lisbury, PA
Richard E. Knech  b. METHOD OF DISPOSITIOH  M Burlet 2 Cremation 3 Removal from 5  Donation 6 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LICENSITE  Shock, or heart fellure. List only  MMEDIATE CAUSE (Final Isease or condition southing in death)  b	State 20b. I of con St.	PLACE AND DATE Commetary, grematory or Michael	of disposition of the place of	Cemetery ME AND ADDRESS OF FA MMAN Fune S. Gran	DATE 20c. y 9-16 W ACILITY eral Home	est Sa	or Town, State
Signature of Funeral, Service ucunity  3. PART I. Enter the diseases, or complication shock, or heart fellure. List only insecting in death)  AMEDIATE CAUSE (Final issues or condition assitting in death)  b	of ce.	metary, grematory or Michae	other place el's 22. NAM New 101	Cemetery ME AND ADDRESS OF FA  TMAN Fune S. Gran	y 9-16 W ACILITY Eral Home	est Sa	lisbury, P
		me	nen	to in	ch as cardiac or re	n,	
AUSE (Disease or Injury lat initiated events seaulting in death) LAST  ART II. Other significant conditions contributions	DUE TO (OR AS A C		tha undar		n Part I. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			-				1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1  YES 2 NO 1 No	TAL: tient 2 - ER/Outpet		OTHER:	26. PLACE OF DEATH (C	101 LU-12		
1 Hatural 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be determined 28e.	28e. PLACE OF INJURY — At home form street factory offic				261. LOCATION (Str. City or Town, St		Rural Route Number,
Oc. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAH: To the least one of the least one o							ause(s) and manner ee stated.
96. SIGHATURE AND TITLE OF CERTIFIER		-/					
0. HAME AND ADDRESS OF PERSON WHO COMPLE	/ /			29c. LICENSE HU		29d. DATE S	IGNED (Month, Day, Year)
Dr. Jack W. Harvey, 9				D 0716	64	29d. DATE S	IGNED (Morith, Day, Year)



erache		.000
9		4
of this comments that begins of the according projected and competed mind in by the little of ector, page 3 should be defacted		arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at our
n		ě
Š		ha
HECTOR.		T mile
o Plain		xamine
200	Yal.	-
5	ешо	dica
Ξ	7	E E
5	OU,	he
pictory	remat	ent. 1
5	ial,	V9 3
2	Da	lati
1001	or to	Bur
ď,	p	7
S Sun	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	othe
	E	0
TILL CALL	Ment	niur.
000	and	I AM
2	ealth	60
2	1 10	how
3	K	3
2000	8	12
Caro	State	Her
2	the	0
CHA	with	rked.
5	£	13

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	t, Middle, Last	)					DEA		2. DAT	E OF DEATH			3. TIME OF DEATH
		MOLLIE		E.		Lou	IE		SEP		199	YEAR	185
4. SOCIAL SECURITY NUM 216-07-3948		5. SEX		In yrs. last birth		IF UNDER 1 YEAR		24 HRS. MIN.	7. DATI	E OF BIRTH ith, Day, Year) CH 14,	1007	8. BIRTI	HPLACE (State or Foreign
De. FACILITY NAME (If not i		street end number)			9	Pb. CITY, TOWN	OR LOCATI	ON OF D		оп 14,		INTY OF D	
Peninsula G	eneral		1			Salis			CAIII		9c. CO0		omico
RESIDENCE OF DE	10b. COUNT	TY		100	COTY	TOWN OR LOC	71011						
MARYLAND	WICO	MICO		100		RPTOWN							10d. INSIDE CITY LIMITS?
IOO. STREET AND NUMBER					_	1	of. ZIP COD	E			10g. CIT	IZEN OF Y	1X YES 2 □ NO
106 STATE S	TREET						21861					USA	
1. MARITAL STATUS  Never Merried 2   WX Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	2 X NO		If yee, a	CENDENT Copecify Cube	n, Mexica	in, Puerto	N? (Specify Year Ricen, etc.)	or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc.
15. DEC	CEDENT'S EDI	UCATION		16a. DECEDE	NT'S US	SUAL OCCUPAT	ION		16	b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	lile. Do N	IOT use r	k done during n retired.)		ng	CI	LOTHING	MAN	UFAC	TURING
7. FATHER'S NAME (First, A WILLIAM J.	,	DGE								Middle, Maiden			
9a. INFORMANT'S NAME (				19b. MA	JLING AD	DDRESS (Street	and Number	or Rural i	Route Nun	nber, City or Tow	n, State, Zia	p Code)	
PATRICIA L.	HORSE	EY				BOX 1						,	
METHOD OF DISPOSIT	on 3. C. Rer	novel from State	20b.	PLACE AND D	ATE OF I	DISPOSITION (f	iame of		DA	7E 20c. LO	CATION -	City or To	wn, State RYLAND
Donation 5 Office S. SIGNATURE OF FUNERA		-/	- 13 H	ARPTOW	NF	IREMEN	S CEM	ETER	2Y9/	IO ISHAF	PTOW	IN. MA	RYLAND
or manner halfe, etc. a must be	AL SERVICE L	RENSEE/	1	/1//		22 NAME	ND ADDRE	OC OF FA	011 1774		1011	11,111	THE PERSON NAMED
D. PARY I. Enter the d	eral	complications that	Del sono	the deeth.	-	ZELLE SHARP	R FUN	ERAI MAF	CILITY L HOI RYLAI	Æ ND 2186	51		Approximate
PARY I. Enter the dehock, or he mediate CAUSE (Fillsease or condition equiling in death)	liseases, or leart failure.	complications that list only one cay	of used	I the deeth, ach line.	Do not	ZELLE SHARP	R FUN TOWN,	ERAI MAF	CILITY L HO! RYLA! h ss car	ME ND 2186 diac or respi	51		Approximate interval Between
D. PARY I. Enter the d	liseases, or least failure.	complications that clast only one cay a. DUE TO b. DUE TO c.	OR AS A	I the deeth, ach line.	Do not	ZELLE SHARP	R FUN TOWN,	ERAI MAF	CILITY L HO! RYLA! h ss car	ME ND 2186 diac or respi	51		
MMEDIATE CAUSE (Find its against the second i	ilseases, or seart failure. In al ions, dilate in gray.	DUE TO  d. DUE TO	OR AS A	CONSEQUENCE	Do not CE OF): CE OF):	22. NAME / ZELLE SHARP enter the m	NO ADDRES	SS OF FA ERAI MAF ng, suc	CILITY HOTO RYLAT  h ss car	4E ND 2186 diac or respi	ol ratory sn	rest,	Approximate interval Betwee Onset and Dea
PARY L Enter the dahock, or he shock, or he	ilseases, or seart failure. In al ions, dilate in gray.	DUE TO  d. DUE TO	OR AS A	CONSEQUENCE	Do not CE OF): CE OF):	22. NAME / ZELLE SHARP enter the m	NO ADDRES	SS OF FA ERAI MAF ng, suc	CILITY HOTO RYLAT  h ss car	ME ND 2186 diac or respi	AUTOPSY MED?	rest,	Approximate interval Between
MMEDIATE CAUSE (Fillsease or condition essuling in death)  Gequentlefly list condition essuling in death)  Gequentlefly list condition essuling in death)  AUSE (Disease or injudice list infilled events essulting in death) LAS  ART ii. Other signification.	iliseanes, or seart failure. In al ions, dilate in gray in the condition on the condition of the condition o	DUE TO  C. DUE TO  d	OR AS A	CONSEQUENCE	Do not CE OF): CE OF):	22. NAME / ZELLE SHARP enter the m	NO ADDRES	ERAI MAF	Part I.	AE ND 2186 diac Dr respi	AUTOPSY MED?	rest,	Approximate interval Betwee Onset and Dea Onset and Dea Market Autopsy Finding Amarkable Prior to Completion of Cause Of Death?
MMEDIATE CAUSE (Fillisease or condition esuiting in death)  sequentially list condition and the same in the same i	iliseanes, or seart failure. In al ions, dilate in gray in the condition on the condition of the condition o	DUE TO  d. DUE TO	(OR AS A (OR AS A	CONSEQUENCE  The deeth, ach line.  CONSEQUENCE  The deeth, ach line.  CONSEQUENCE  The deeth, ach line.  CONSEQUENCE  The deeth, ach line.  The deeth, ach	Do not  CCE OF):  CCE OF):  CCE OF):	22. NAME / ZELLE SHARP enter the m	IND ADDRES R FUN TOWN, Dode of dyl  Ing ceuse g	SS OF FALL ERAI MAF ING. Succession of the Erai Market Marke	Part I.	AE ND 2186 diac or respi	AUTOPSY MED?	rest,	Approximate interval Betwee Onset and Dea Onset and Dea Market Autopsy Finding Amarkable Prior to Completion of Cause Of Death?
MMEDIATE CAUSE (Filisease or condition esuiting in death)  dequentlelly list condition esuiting in death)  dequentlelly list condition esuiting in death)  dequentlelly list condition in the second i	ibeases, or eart failure.  ions, dilate iNG irry  ont condition  O MEDICAL	DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	(OR AS A death be	CONSEQUENCE CONSEQUENCE CONSEQUENCE  At not result	Do not  CCE OF):  CCE OF):  CCE OF):	22. NAME / ZELLE SHARP enter the m  the underlying  28. F  THER: Nursing Hore  19. Name of the management of the managem	IND ADDRES R FUN TOWN, ode of dyl  LACE OF DE	SS OF FALL ERAI MAFING, Succidence In Market	Part I.	AE ND 2186 diac or respi	AUTOPSY MED?	24b.	Approximate interval Betwee Onset and Dea Onset and Dea Market Autopsy Finding Amarkable Prior to Completion of Cause Of Death?
PARY L Enter the dahock, or home to be a hock, and the saulting in death) LAS ART ii. Other signification in death) LAS ART ii. Other signification in death and the saulting in death) LAS ART ii. Other signification in death and the saulting in death	liseases, or seart failure. In all the list in a list in	DUE TO  DUE TO	(OR AS A death but leave to the	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  At not result  at not result	Do not  CCE OF):  CCE OF):  CCE OF):  TIME OF INJURY	22. NAME / ZELLE SHARP enter the m  the underlying  28. F  THER: Nursing Hore  19. Name of the management of the managem	IND ADDRES R FUN TOWN, ode of dyl  LACE OF DE LACE OF DE TORK? YES 2	SS OF FALL ERAI MAFING, Succidence In Market	Part I.	AE ND 2186 diac or respi	AUTOPSY MED?	24b.	Approximate interval Betwee Onset and Des On
MMEDIATE CAUSE (Fillisease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  ART sequentielly list condition resulting in death)  ART ii. Other signification resulting in death)  ART ii. Other signifi	ions, diste in in in in in in in in in in in in in	DUE TO  DUE TO	(OR AS A (OR AS A death by I ER/Output INJURY INJURY Tetc. (Special Try knowled Try knowled Try knowled Try knowled Try knowled	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  At not result  titlent 3 DC  28b.	DD not  CE OF):  CE OF):  TiME O O INJURY  Trime, street	22. NAME / ZELLE SHARP enter the m  the underlying  28. P  THER: Nursing Horizon  Nursing Horizon  the factory, officent the time, date	IND ADDRES R FUN TOWN, ode of dyl  all  ig ceuse g  LACE OF DE JURY AT JURY AT JURY 2  e end place,	SS OF FAR ERAI MAF ng, suc	Part I.  Part I.  28d. DE  28f. LOC	ATE  ND 2186  diac or respi  T  24a. WAS AN PERFOR  1  YES 2  PROPERTY (Specify) SCRIBE HOW IN  ATION (Street e or Yown, Stete)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.	Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
MMEDIATE CAUSE (Finilisease or condition eaulting in death)  Sequentielly list condit fany, leading to immereuse. Enter UNDERLY: AUSE (Disease or injuries and in	ions, dilate ing investigation Could not be determined CAL EXAMINITIES CAL EXA	DUE TO  DUE TO	(OR AS A (OR AS A (OR AS A death but left but le	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE  CONSEQUE	Do not  CCE OF):  CCE OF):  Ing in t  Time o injury  Ccurred a gatton, is	22. NAME / ZELLE SHARP enter the m  the underlying	IND ADDRES R FUN TOWN, Dode of dyl  LACE OF DE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	SS OF FAR ERAI MAF ng, suc	Part I.  Part I.  28f. LOC.  City  to the car  to the car  time, dete	ATE  ND 2186  diac or respi  T  24a. WAS AN PERFOR  1  YES 2  PROPERTY (Specify) SCRIBE HOW IN  ATION (Street e or Yown, Stete)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.  CURED  or Rural R  ted.  te ceuse(e)	Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

	1	2,3	
	45.1	H	
	4	8	
		E	
		t pe	
	an.	Irans	
9	ysici	-lein	
74	id Dr	Pe D	
6	lendir	as t	
20	or att	- use	
7	pital	DE DE	
皇	hos	tache	
4	y the	oe de	
¥	bed b	pine	
¥	retair	S sho	1
IN OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	ING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper 1, 2, 3 eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
뿚	і та	d you	
2	age 6	direc	
Ē	F. P.	eral	
M	r dea	を を	
	s afte	by the	
1	- Cur	After this certificate has been signed by the attending physician and completely filled in by the fa death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	n 2%	ty fill ation	
(O	withi	plete	
14(	patri	ria ,	
5	Desci	and or	
ŏ	e be	siciar	
Ď	tificat	phy ene	
o.	90	Hygi	
٣	deat	ental	
DS DS	t the	nd M	
S	s tha	ned I	
Ö	quire	I Sig	
<u>~</u>	aw re	s bee	
¥	The	te ha	
5	IAN:	tificar e Sta	
4	YSIC	s cer	
0	G PH	er thi	
Ó	NON	r dea	
OISIN	ATTE	afte	
2	OR	DIRE	
	YTAL	PAL 1	
	HOSP	FUNE	
	TO THE HOSPITAL OR ATTENDIA	TO THE FUNERAL DIRECTOR: At the filed within 72 hours after de	
	5	2 8	

DIVISION OF VITAL RECORDS,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN	D MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Last)  Carol Ann Lewis				2. DATE OF DEATH	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-42-9596 96. FACILITY NAME (If not institution, give st	1 □ M 2 🂢 F 4	9 YRS. MON	INDER 1 YEAR IF UNDER 24 HT THS DAYS HOURS MII CITY, TOWN OR LOCATION O	Jan. 2, 194	42 Ma	OTHPLACE (State or Foreign Intry) Nyland
539 Frederick St		96.	Hagerstown		Washi	
10a. STATE 10b. COUNTY MD Washi		10c. CITY, TO Hager	wn or location Stown			10d, INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER 539 Frederick St			101. ZIP CODE 21740		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 💢 NO		SPANIC ORIGIN? (Specify Ye ixican, Puerto Rican, etc.) pecify:	a or No- 14. R/	ACE — American Indian, ack, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work of the Do NOT use reti	done during most of working	17.11.12.03.14.17	isiness/industri	
17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malden		
Carroll M. Kline  19a. INFORMANT'S NAME (Type/Print)		Tank man min and	PRESS (Street and Number or R	thy Jane Sm		
Walter L. Lewis			derick St. H		,,	0
20s. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Flore 1 Department 2 Other (Specify)	oved from State Co	PLACE OF DISPOSITIO	N (Name of cometer), cremetory Memorial Par	or 20e.10	erstown,	Town, State
ST. SIGNATURE OF PUNERAL SERVICE-LIC			22. NAME AND ADDRESS O Davis Fune	F FACILITY		
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	rest Lythonia	i Cordio		Approximate interval Betwee Onset and Deat
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	)		70	
PART II. Other significent condition Diabetes Chronie	a contributing to deeth bu Me ec; to Congestive	22			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF GEATH	(Check only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpe		HER: Nursing Home Reside	nce 6 Other (Specify)		
27. MANNER OF DEATH  J Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be datarmined	26e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stree	t, factory, office	28f. LOCATION (Street City or Yown, State		ral Route Number,
one)	CIAN: To the best of my knowle					se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	Dot	~ m-	29c. LICENSE	NUMBER 04262	29d. DATE SIGN	Sept. 199
30. NAME AND ADDRESS OF PERSONAL	11	134 E. B	in the tom	St. Haga	nopen	1, W) 2,74
31, DATE FILED (Month, Day, Year)	32. RIGISTRAR SIGNA Juna Davids	TURE Pandall		)		

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First						DEATH		REG. NO.			3. TIME OF DEATH
1	4. SOCIAL SECURITY NUM	4RGA		LOCKLI					9 22	? 9	YEAR	10:30 r
1	217 32 64		1 M 2 M F	6. AGE (In yrs. last birtho	MONTHS	DAYS	HOURS MIN		E OF BIRTH	2	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not in		street and number)		9b. CIT	Y, TOWN	OR LOCATION OF	DEATH	1/66/	9c. COUNT	Y OF DE	
DIRECTOR	Washin to	on Co	unty Hos	pital	На	ger	stown,	Md.	21740	Wa	shi	arton
	10a. STATE	10b. COUN			CITY, TOWN							10d. INSIDE CITY
	Md.		hington	H	ager		vn, Md	. 21	740			LIMITS?
ERAL	388 N. Pr		ct St.			10	Y. ZIP CODE	)			USA	IAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIYE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	13	If yes, ap		PANIC ORIG	BIN? (Specify Yea o Rican, etc.)		4. RACE -	American Indian, White, atc.
TE IED	15. DEC (Specify onl Elementery/Secondary (C Secondary )		UCATION le completed) Collège (1-4 or 5+)	,	of work done IT use retired.;	during mo	ost of working	1	66. KIND OF BUS	INESS/INDUS	STRY	
COMPL	17. FATHER'S NAME (First, M			Cara	rer.T	a WC	orker	NAME /Fire	, Middle, Maiden S	Summeral		
BE C	Willia	m Fi	sher				I I I I I I I I I I I I I I I I I I I		a Clar	,		
2	Shalon La			19b. MAIL	7				mber, City or Town			
	20e. METHOD OF DISPOSIT	ION		20b. PLACE AND DA	TE OF DISPO	PIC	spect			STOW		Id. 21740
	1 Burial 2 Cremetic 4 Donation 5 Other		noval from State	cemetery cremetory	or other place	Men	Pk.	1	/27 Ha			
	21. SIGNATURE OF FUNERA			/	22	NAME A	ND ADDRESS OF	FACILITY				
-	mary	Class	son wa	ton of	9	Inmo	our Fur	rera	Home	,24 1	W .B	ethel S
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart lenute.	List Only one Ceus		o not ente	r tha mo		uch as ca	rdiac or respir	atory arres	ot,	
ERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition	dlona, diste	a. DUE TO (	caused the death. Ese on each line.  On As a consequence  on As a consequence  on As a consequence	o not ente	r tha mo	ode of dying, s	uch as ca	rdiac or respir	atory arres	pt,	interval Betwe
- 14	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated eventa resulting in death) LAS	clona, diate ling irry	b. DUE TO (	OR AS A CONSEQUENCE	o not ente	r the mo	ry	uch as ca	rdiac or respir	atory arres		interval Betwe Onset and De
CAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initieted eventa	ilona, dilate iNG irry	b. DUE TO (	OR AS A CONSEQUENCE	o not ente	r the mo	g causa given	uch as ca	rdiac or respir	atory arres	24b. W	Interval Betwee Onset and De On
MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if any, leading to immecause. Enter UNDERLY: CAUSE (Disease or injuthat initieted eventa resulting in death) LAS  PART II. Other significa	clone, diate iNG gry	b. DUE TO (	OR AS A CONSEQUENCE	o not ente	r the mo	g causa given	In Part I.	24e. WAS AN A PERFORM	atory arres	24b. W	Interval Betwee Onset and De  VERE AUTOPSY FINDIN MAILABLE PRIOR TO MOWNETION OF TO CAUSE
SICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other significa	clone, diate iNG gry	b. DUE TO (	OR AS A CONSEQUENCE	OTHE	r the mo	g causa given	In Part I.	24a. WAS AN A PERFORM	atory arres	24b. W	Interval Betwee Onset and De On
SICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition for the cause. Enter UNDERLY: CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other significations.	clone, diate iNG gry	b. DUE TO (1) c. DUE TO (1) d	OR AS A CONSEQUENCE  Death but not resulting  ER/Outpatient 3 □ DO  NJURY 26b.	OTHE	r the mo	g causa given	In Part I.	24a. WAS AN A PERFORM	STOPSY AED?	24b. W A C C O 1	Interval Betwee Onset and De On
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if any, leading to immecause. Enter UNDERLY: CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS:  PART II. Other signification in the condition of the co	clone, diate iNG gry	a.  DUE TO (  d.  DUE TO (  d.  Many  HOSPITAL:  1 Populariant 2  28a. DATE OF II  (Month, Da)	OR AS A CONSEQUENCE  Description of the consequence  Descripti	OTHE 4 Nur	r the mo	g causa given  ACE OF DEATH (  No. 5   Residence  URKY  YES 2   NO	In Part I.	24e. WAS AN A PERFORM 1 YES 2	STOPSY AED?	24b. W A C C O 1	Interval Betwee Onset and De On
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and the condition of the cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other signification of the cause of the	clona, diste ind survey in the condition of the condition	b. DUE TO (1)  c. DUE TO (1)  d	OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  Description of the consequence  Descriptio	OTHE OFINIURY M OTHER A CONTROL OF INJURY M	nderlying  26. PL  R: raing Hom  26. INJ  WO  1   1	g causa given  ACE OF DEATH  TO S   Residence  URY AT  REXT  YES 2   NO	In Part I.  Check only  6 G Ott  28d. DI  28f. LQ  CH	24a. WAS AN A PERFORM 1 YES 2 SORIBE HOW IN. CATION (Street an Art of Town, Street)	JURY OCCUR	24b. W A C C O 1	Interval Betwo
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death or cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other signification of the condition of the cause of the c	clona, diate in diate	b. DUE TO ()  c. DUE TO ()  d	OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  Description of the consequence	OTHE OF INJURY M	r the mo	g causa given  ACE OF DEATH ( No. 5   Residence  URY AT  RICY  YES 2   NO.	In Part I.  Check only:  6 G Off 28d. Do 28f. LO	24a. WAS AN A PERFORM 1 YES 2 SOME (Specify) ESCRIBE HOW IN. CATION (Street an or Town, Stete)	JURY OCCUR	24b. W A C O 1	Interval Betwee Onset and Delivers and Deliv
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other signification in death) LAS  25. WAS CASE REFERRED IT EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 1  2 Accident 1  3 Suicide 6 0  4 Homicide 6 0  29a. CERTIFIER (Check only one) 2 1 MEDIC  29b. SIGNATURE AND TITLE	clona, diate in int condition int condition int condition int condition in	b. DUE TO ()  c. DUE TO ()  d	DR AS A CONSEQUENCE  OR AS A CONSEQUENCE  DR AS A C	OTHE OF:  OTHER OTHER OF:  OTHER	r the mo	g causa given  ACE OF DEATH ( No. 5   Residence  URY AT  RICY  YES 2   NO.	In Part I.  Check only a 6 One 28d, Di 28f. LO Che time, de UMBER	24e. WAS AN A PERFORM 1 YES 2 PERFORM 1 YES 2 PERFORM 1 YES 2 PERFORM 2 PERFORM 2 PERFORM 3 PERFORM 3 PERFORM 4 PERFORM 4 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 6 PERF	JURY OCCUR  d Number or  der ae steted, due to tha c	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Betwee Onset and Del
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death or cause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS  PART II. Other signification of the condition of the cause of the c	elona, diate in int condition int condition int condition int condition in	b. DUE TO ()  c. DUE TO ()  d	DR AS A CONSEQUENCE  OR AS A CONSEQUENCE  DR AS A C	OTHE OF:  OTHER OTHER OF:  OTHER	r the mo	g causa given  ACE OF DEATH (  be 5 Residence  URY AT  RK?  YES 2 NO  and place, end of  eath occured at t  29c. LICENSE N  D2789	In Part I.  Check only: 28d. Do 28d. Do 28d. LO C//	24e. WAS AN A PERFORM 1 YES 2 PERFORM 1 YES 2 PERFORM 1 YES 2 PERFORM 2 PERFORM 2 PERFORM 3 PERFORM 3 PERFORM 4 PERFORM 4 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 5 PERFORM 6 PERF	JURY OCCUR  d Number or  der ae steted, due to tha c	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Between Onset and De O

mark 18

É	age	direc
DALIIM	feath. F	funeral
ò	after (	by the
	24 hours	filled In
oo,	within	npletely
000	pecuted	and cor
200	sate be	hysician
	h certific	d Bujpu
5	he deat	the atte
	s that t	ned by
טונו	require	een sig
AL	he law	e has b
HOIR OF YILAL RECORDS, T.O. DOA 66760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	R. After this certificate has been signed by the attending physician and completely filled in by the funeral direc
	PHYS	r this
5	NDING	R: Afte

Paul Snow, M 31. DATE FILED (Month, Day, Year) SLP 2 3 1991

M.D.

re Davidson Mandale

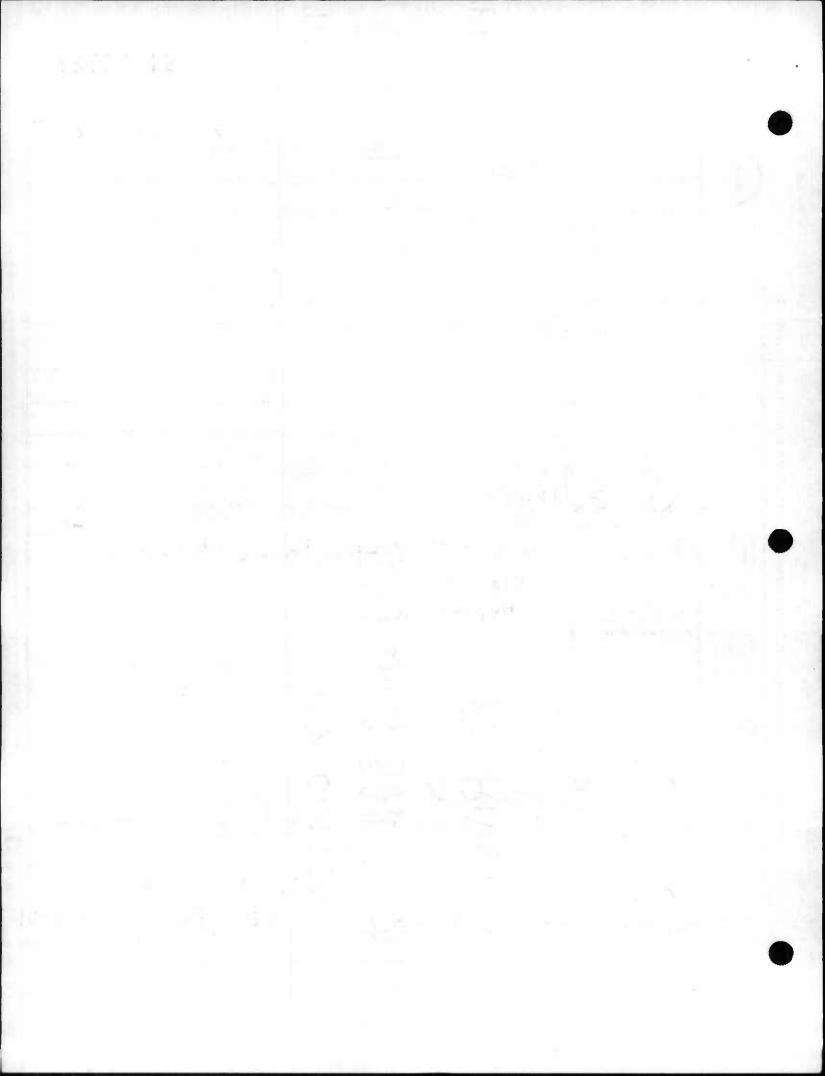
**						2. DATE OF DE	HTA		3. TIME OF DEATH
Howard Clark	Longerbea	m Jr.				9 9	2.2	91	(9;56A
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday YRS.	) IF UNDER	DAYS HOL	INDER 24 HRS.	7. DATE OF BII (Month, Day,	Year)	S. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street	et and number)	04	9b. CITY	, TOWN OR LO	CATION OF DE			DUNTY OF D	EATH
Sacred Heart Ho	ospital			Cumbe	rland	16	A.	Hegai	ny
10a. STATE 10b. COUNTY Md Alleg		10c. C	_	n LOCATION aptown					10d. INSIDE CITY LIMITS? YES 2 NO
P O Box 5321				101. ZIP	code 21502				VHAT COUNTRY?
MARITAL STATUS  The Never Married 2 Married  Married 2 Married  Divorced	12. WAS DECEDEND EVE FORCES? 4 Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 NO R DATES -57	13.	WAS DECENDE If yes, specify 1 YES 2-1	ENT OF HISPAT Cuban, Maxica NO Specif	NIC ORIGIN? (Sp an, Puerto Rican, y:	ecity Yes or No— etc.)		- American Indian, k, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	OTION Ompleted) College (1-4 or 5+)		use retired.)	ccupation during most of			of Business/		ineers
17. FATHER'S NAME (First, Middle, Last) Howard C. Longerk	peam, Sr.			18.	MOTHER'S NA	ME (First, Middle, La Clar)	Maiden Surname	)	77
19a. INFORMANT'S NAME (Type/Print) Mrs. Donna M. Lee	2	19b. MAILIF Cres	aptow	s (Street and No	umber or Rural 21502	Route Number, Cl	ty or Town, State,	Zip Code)	
20a. METHOD OF DISPOSITION  Y □ Burlal 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Other (Specify)	ral from Stata	206. PLACE AND DA	TE OF DISP	osition (Nan Pal Par	ck	9-24	20c. LOCATION Cumber	Land,	MD State
21. SIGNATURE OF FUNERAL SERVICE LICENTARY OF THE PROPERTY OF	XCare.	111:				METal H			
23. PART I. Inter the dieesses, or co snock, or heert feilure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death) s.	ist only one ceute o						or reapiratory	arrest,	Approximate interval Betwee Onset and De
Sequentially list conditions, if ery, leeding to immediate cause. Enter UNDERLYING	Diabet	es a consequence		ilea) o	0 (36	d S E			
Sequentially list conditions, if eny, leeding to immediate	Diabet DUE TO (OR	es	OF):		uţşe	aşe			
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Diabet  DUE TO (OR	es As a consequence As a consequence	OF):			1 Part i. 24a.	WAS AN AUTOPPERFORMED? YES 2 NO	SY 24k	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 NO
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significant conditions  Hypertension  COPD	Diabet  DUE TO (OR.  DUE TO (OR.  Contributing to dea	es As a consequence As a consequence th but not resultin	OF): OF): g in the us	nderlying ca	use given in OF DEATH (C	1 Part i. 24a.	PERFORMED?  YES 2 NO	SY 24k	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significant conditions  Hypertension  COPD	Diabet  DUE TO (OR  DUE TO (OR  DUE TO (OR  CONTributing to dea	es  As a consequence  As a consequence  th but not resultin  Outpetient 3   DOA  DOA  DOA  DOA  DOA  DOA  DOA  DO	OF):  OF):  OF):  OTHE 4   Nurither OF INJURY M	26. PLACE R: rsing Home 5 28c. INJURY WORK? 1   YES	OF DEATH (C)	1 Part i. 24a. 1	PERFORMED?  YES 2 NO		AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significant conditions  Hypertension  COPD  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	Diabet  DUE TO (OR  DUE TO (OR  DUE TO (OR  CONTributing to dea	es  As a consequence  As a consequence  th but not resultin  Outpetient 3 DOA  PRY 28b. 1	OF):  OF):  OF):  OTHE 4   Nurither OF INJURY M	26. PLACE R: rsing Home 5 28c. INJURY WORK? 1   YES	OF DEATH (C)	heck only one)  6 Other (Spi 28d, DESCRIB	PERFORMED?  YES NO  Holly)  E HOW INJURY  I (Street and Nurr	OCCURED	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significant conditions  Hypertension  COPD  25. WAS CASE REFERRED TO MEDICAL  EXAMINER OF DEATH  Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	Diabet  DUE TO (OR.  DUE TO (OR.  DUE TO (OR.  CONTributing to des  HOSPITAL: 1   Inpatient   ERL  28a. DATE OF IND. (Month, Day, Ye.  28a. PLACE OF IN. building, stc.	es  As a consequence  As a consequence  th but not resultin  Outpetient 3 DOA  DRY 28b. 1  URY — At home, ferr  (Specify)  cnowledge, death occi	OF):  OF):  OF):  OTHE  A   A   Null  IIME OF  INJURY M  IN, street, fac	26. PLACE R: rsing Home 5 26. INJURY 1  YES ttory, office	OF DEATH (CI Residence AT 2 NO	heck only one)  6 Other (Spi 28d. DESCRIE  281. LOCATION City or for	PERFORMED?  YES NO  Notify)  E HOW INJURY  N (Street and Nurr  Vn., State)	OCCURED inber or Rural stated.	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,

124 w 3rd st Cumberland Md 21502 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

manth pages after trailing

	1. DECEDENT'S NAME (First, Middle, Last								
		Mary Etl	hel Merr			2. DATE MONT	9 DAY	191	050
1	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthda) 95 YRS.	MONTHE		RS. 7. DATE (Mont	of BIRTH h, Day, Year) 1g . 4,		SHRTHPLACE (State or I
	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, T	TOWN OR LOCATION	OF DEATH		9c. COUNTY (	OF DEATH
D P	Frederick Me	emorial Ho	ospital	F	rederic			Fred	erick
DINECTO	10a. STATE 10b. COUNTY Md. Fred			1421	LOCATION Taney A	e.Fre	deric	k	10d. INSIDE CIT LIMITS?
FUNERAL D	100. STREET AND NUMBER 1421 Taney	AVA	1		101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
NE NE	11. MARITAL STATUS			T in our	2170				.S.A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E' FORCES? 1  IF YES, GIVE WAR	YES 2 INO	H 1	AS DECENOENT OF H yes, specify Cuban, N  YES 2 NO	exican, Puarto			RACE — American Inc Black, Whita, etc. WHILTE
2	15. OECEDENT'S ED (Specify only highest gran		16a. DECEDENT	I'S USUAL OCC	CUPATION ring most of working	168	. KIND OF BUS	INESS/INDUSTI	RY
LETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	Tuse retired.)	g most of working				
COMPL	/		nurs	е			ursin	-	
_	17. FATHER'S NAME (First, Middle, Lest)  Samuel Menta	705			ATTENDED THE		Middle, Maiden S	Surname)	
BE	19a, INFORMANT'S NAME (Type/Print)	761	10h MAH I	ING ADDRESS /	Street and Number or	Arno		n State 7in Cod	(a)
2	Lorraine Ea	ar1			emont Ro				
17	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	ATE OF DISPOS	SITION (Name	DAT		CATION — City	
F	1 Denution 5 Other (Specify)	movel from State	Locust	Valle	ey Cem.				own, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. N/	AME AND ADDRESS	OF FACILITY	_		
	(Muld &	Monaton.	1		onald B.				
	23. PART I. Enter the disease, o shock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ceuse	on each ilne.	o not enter ti		auch ae car	diac or reapi	ratory arrest,	Approxi interval Onset a
IFICATION	shock, or heert fellum immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	a. Meta	on each ilne.	Constants to one of the constants of the constant of the constants of the constants of the constant of the cons	he mode of dying	auch ae car	diac or reapi	ratory arrest,	Approxi interval Onset a
CE	shock, or heert fellum immediate Cause (Final disease or condition reculting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Meta  OUE TO FOR  DUE TO FOR  DUE TO FOR  DUE TO FOR  d.	R AS A CONSEQUENCE	E OF):	en Pri	auch ae car	Site	LATOPSY	Approxi- interval Onset a
MEDICAL CE	shock, or heert fellum immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. Meta  OUE TO FOR  DUE TO FOR  DUE TO FOR  DUE TO FOR  d.	R AS A CONSEQUENCE	E OF):	en Pri	auch ae car	2;te	AUTOPSY IMED?	Approxi- interval Onset a Onset a  24b. WERE AUTOPSY ANALIABLE PRIX COMPLETION O OF DEATH?
AN: MEDICAL CE	shock, or heert fellum immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE	o not enter the	lerlying cause give	on in Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATH?
AN: MEDICAL CE	ahock, or heert fellum immediate Cause (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in death) LAST  PART II. Other significant conditions and cause in the cause of the cause	B. List only one ceuse  a. Martin Company of the control of the co	on eech line.  H AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  MATCH Duty not reculting  R/Outpatient 3 □ DO/	OTHER:	lerlying cause give	en in Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OI OF DEATH?  1 YES 2
PHYSICIAN: MEDICAL CE	ahock, or heert fellum immediate CAUSE (Final disease or condition reculting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in deeth) LAST  PART II. Other significant conditions and the conditions of the conditions	B. List only one ceuse  a. OUE TO FOR  DUE TO FOR  DUE TO FOR  DUE TO FOR  A. ONE OF IN. (Month, Day, Month, Day,	ON eech line.  R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  WITH Dut not reculting  R/Outpetlent 3 □ DO/	OTHER:	e Pri	en in Part i.  H (Check only o	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY AWAILABLE PRIC COMPLETION OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL	ahock, or heert fellum immediate CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in deeth) LAST  PART II. Other significant conditions in the condition of the condit	B. List only one ceuse  a. OUE TO FOR  DUE TO FOR  DUE TO FINING TO THE TO FINING THE TO FINING THE TO FINING THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE T	R AS A CONSEQUENCE  R A CONSEQUENCE  R A CONSEQUENCE  R A CONSEQUENCE  R A CONSEQUENCE	O not enter the control of the contr	lerlying cause give	en in Part I.  H (Check only o	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?  NJURY OCCURE	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?  1 YES 2
D BY PHYSICIAN: MEDICAL CE	ahock, or heert fellum immediate Cause (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART H. Other significant conditions in the condition of the conditi	B. List only one ceuse  a. Me TG  OUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  d. Ona contributing to de  NOSPITAL: 1 Ninpatient 2 El  28a. DATE OF IN. (Month, Day,	R AS A CONSEQUENCE AS A	o not enter ti	lerlying cause give  28. PLACE OF DEAT:  19 Home 5 Resid  28c. INJURY AT  WORK?  1 YES 2 No. No. No. No. No. No. No. No. No. No.	en in Part i.  H (Check only of the call o	24a. WAS AN PERFOR 1 VES 2 AND VES 2 AND VES 2 AND VES 2 AND VES 2 AND VES AND	AUTOPSY IMED?  NJURY OCCURE and Number or R	Approxiinterval Onset a  Onset a  24b. WERE AUTOPSY AMALABLE PRIX COMPLETION O OF DEATHY  1  YES 2 [



TO BE COMPLETED BY FUNERAL DIRECTO

REGISTRAN   CERTIFICATE OF DEATH   REG. NO.
4. SOCIAL SECURITY NUMBER O76-30-4230 A  1
4. SOCIAL SECURITY NUMBER  0. AGE (Mr yrs. Isst Dirthday)  9. FACILITY NAME (if not institution, give street and number)  9. FACILITY NAME (if not institution, give street and number)  9. FACILITY NAME (if not institution, give street and number)  9. COUNTY  9. COUNTY  9. COUNTY  9. COUNTY  9. COUNTY  9. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. STATE
O76-30-4230 A   1 m 2 f
98. FACILITY NAME (If not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEDENT  108. STATE  109. COUNTY  Maryland  Carroll  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY NAME (If not institution, give street and number)  100. STREET AND NUMBER  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY, TOWN OR LOCATION  Sykesville  100. CITY NUMBER
10a. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. INSIDE CITY   LIMITS?   1   YES 2   NO   10e. STREET AND NUMBER   10f. ZIP CODE   10g. CITIZEN OF WHAT COUNTRY?   1   YES 2   NO   10g. CITIZEN OF WHAT COUNTRY?   1   YES 2   NO   10g. CITIZEN OF WHAT COUNTRY?   1   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3
10a. STATE Maryland Carroll Sykesville  10c. CITY, TOWN OR LOCATION Sykesville  10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO  10e. STREET AND NUMBER 5914 Grace Lee Ave.  10f. ZIP CODE 21784  10g. CITIZEN OF WHAT COUNTRY? U.S.A.  11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced  15 □ DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT seering) 12 Yrs.  15 MOTHER'S NAME (First, Middle, Last) Hamilton J. HeWitt  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Maryland Carroll Sykesville    104. Style Style   105. Style Style   106. Style Style   107. Style Style   108. Style Style   108. Style Style   108. Style Style   108. Style Style   108. Style Style   108. Style Sty
10   Sykesville   1   Yes 2 NO   NO   No   No   No   No   No   No
13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, GIVE WAR OR DATES   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, Specify Cuben, Markean, Puerto Rican, etc.)   14. RACE — American Indian, Black, White, etc.   15. DECEDENT'S EDUCATION (Specify only highest grade completed)   16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)   16. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working the Do NOT use retired)   16. MOTHER'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Maiden Surmame)   16.
1   Never Merried   2   Married   FORCES?   1   YES   2   NO   If yes, apecify Cuben, Maxican, Puerto Rican, etc.)   14. RACE - American Indian, Black, White, atc.   1   Yes, apecify Cuben, Maxican, Puerto Rican, etc.)   15. DECEDENT'S EDUCATION (Specify only highest grade completed)   16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)   12 yrs.   4 yrs.   15. DECEDENT'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Maiden Surmame)   16. MOTHER'S NAME (First, Middle, Ma
Specify:   White   Specify:   Specify:   White   Specify:   White   Specify:   Specify:   White   Specify:   Specify:   Specify:   White   Specify:   Sp
College (1-4 or 5+)   12 yrs.   4 yrs.   Librarian   Library
Elementary/Secondary (0-12) College (1-4 or 5 +) 12 yrs. 4 yrs. Librarian Library  17. FATHER'S NAME (First, Middle, Last) Hamilton J. HeWitt Is. MOTHER'S NAME (First, Middle, Malden Surname) Harriet Harris  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
17. FATHER'S NAME (First, Middle, Last) Hamilton J. Hewitt  18. MOTHER'S NAME (First, Middle, Maiden Surname) Harriet Harris  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)
Hamilton J. Hewitt  Harriet Harris  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
States and Humber or Hurar House Number, City or Town, State, Zip Code)
Jane McDowell Pitcher 5914 Grace Lee Ave. Sykesville, Maryland 21784
20s. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State
4 Donation 5 Other (Specify) Metro Crematory Inc. Baltimore, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE)  22. NAME AND ADDRESS OF FACILITY  Burrier Funeral Home
Winfield, Maryland 21784
23. PART I. Enter the diseases, or complications that ceues the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PINDING PERFORMED?  AMILBLE PRIOR TO COMPLETION OF CAUSE OF INSTAUR.
PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO VESS 2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)
25. WAS CASE REFERRED TO MEDICAL EXAMINER:    YES 2 NO   NO
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Netural 5   Pending  28. DATE OF INJURY  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANLER OF DEATH 1 Natural 5 Pending Investigation 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK?
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 3 Suicted 3 Suicted 4 Homicide 5 Could not be detarmined  28. DACE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 3 Suicted 6 Could not be detarmined  28. PLACE OF DEATH 28. DATE OF DEATH 28. DATE OF INJURY 3 Suicted 6 Could not be detarmined  28. PLACE OF INJURY 28. DATE OF INJURY 3 Suicted 6 Could not be detarmined  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY OCCURED  28. DATE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY AT WORK? 1 YES 2 NO  28. DATE OF INJURY OCCURED  28. DATE OF INJURY AT WORK? 2 NO  28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office  28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office 28. DATE OF DEATH (Check only one) 28. DATE OF INJURY AT HOME, farm, street, factory, office 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  3 Suicide  4 Homicide  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  3 Suicide  4 Homicide  28. PLACE OF INJURY At home, farm, street, factory, offica  28. LOCATION (Street and Number or Rural Route Number, City or Fown, State)  298. CERTIFIER  (Check only one)  280. DATE SIGNED  281. LOCATION (Street and Number or Rural Route Number, City or Fown, State)  299. CERTIFIER  (Check only one)  280. DATE SIGNED  280. DATE SIGNED  281. LOCATION (Street and Number or Rural Route Number, City or Fown, State)  290. DATE SIGNED  290. DATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filled within 72 hours after death with the State Oept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

F1 11721

1 . . .

thek was a second

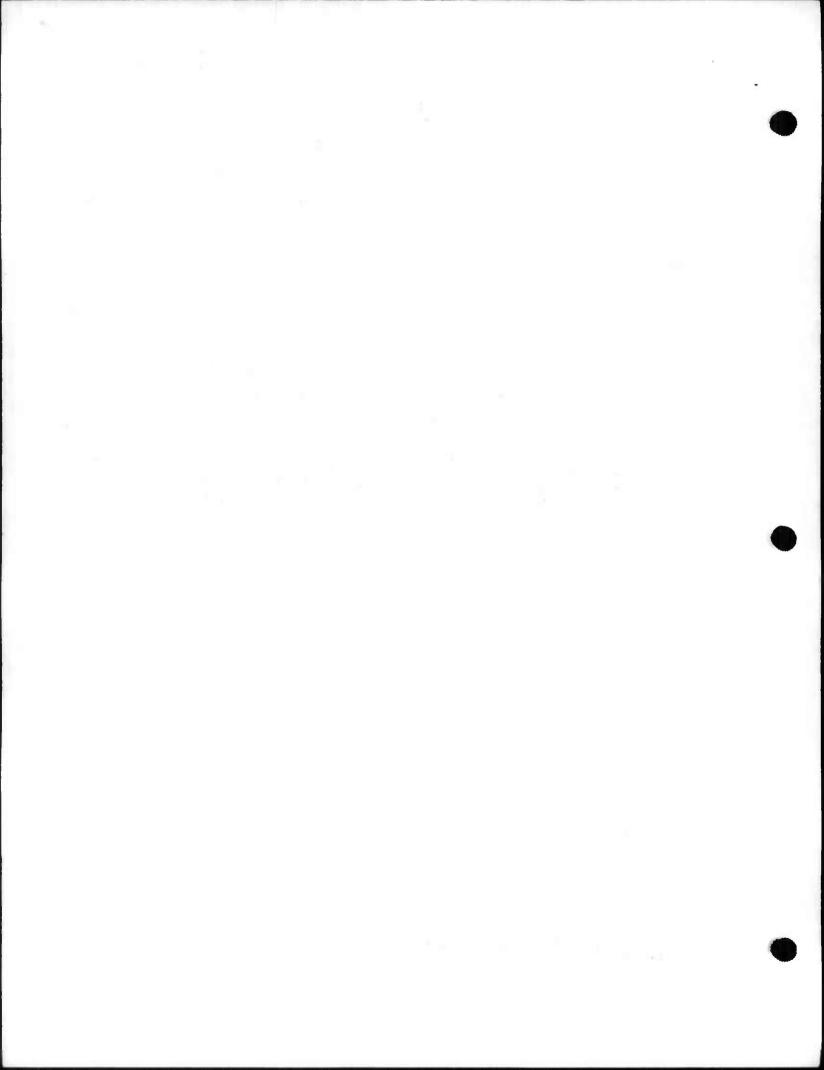
all of the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be recalled by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burill-broad permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mential Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYG	ENE
		CI	ERTIFICATE	OF	DEAT	H		REG.	NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Jack Edward Mi	ınroe	1		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
0	4. SOCIAL SECURITY NUMBER 077-16-4825  9a. FACILITY NAME (If not institution, give size	5. SEX 6. AGE (In )	YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 08-28-20	Count	kers NY
TOR	Kimbroug	gh Army Com	m. Hosp.	Ft. Meade	A	nne A	rundel
DIREC	10s. STATE 10b. COUNTY	Arundel	Odento				10d. INSIOE CITY LIMITS? 1 YES 27 NO
RAL	100. STREET AND NUMBER 1144 Colony Ri	idge Road		101. ZIP CODE 21113	10	g. CITIZEN OF USA	WHAT COUNTRY?
BY FUNERAL DIRECTO	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 150 YES IF YES, GIVE WAR OR DATE  1940 S -	2 NO If			No.— 14. BAC	E — American Indian, ik, Whita, etc.
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 1 completed) College (1-4 or 5+)	6e. DECEDENT'S USUAL OC (Give kind of work done du life. Do NOT use retired.)	ring most of working	16b. KIND OF BUSINE		nment
No I	17. FATHER'S NAME (First, Middle, Last)		Communicat		ME (First, Middle, Maiden Surn		imierro
0	John Munroe			Mary	McCarthy		
10 B	19a. INFORMANT'S NAME (Type/Print)  Lucille Anne M	Munroe	CONTRACTOR SOLITOR		Road. Ode		MD 21112
	20a, METHOD OF DISPOSITION	20b, F	PLACE OF DISPOSITION (Name that place)	e of cemetery, crematory or	20c. LOCATI	ION — City or T	own, Stata
	4 ☐ Donation 5 ☐ Other (Specify)  31. SIGNATURE OF FUNERAL SERVICE LIC		lington Na			ingto	n, VA
	· Satt 10	Ill.	Ha 85	rdesty Fur 1 Annapol:	neral Home is Rd. Gam	brill:	, P.A.
	23. PART I. Enter the diseases, or on shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. PLS DUE TO JOR AS A C	th line.	. 0			Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Eugl SA DUE TO (OR AS A C		mc Obshu	chur Pulmo Disea	se	48hows
MEDICAL	PART II. Other significant condition	a contributing to death but	t not resulting in the un	dertying cause given in	Part I. 24a. WAS AN AUTPERFORME:	02	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C/	neck nah onel		
SICI	EXAMINER?  1   YES 2   NO	HOSPITAL:	tient 3 DOA 4 Nurs		, , ,		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJU	IRY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specifi	- At home, ferm, street, facto	ry, office	281. LOCATION (Street and City or Town, State)	Number or Rure	l Route Number,
COMPLETED	nne)	ICIAN: To the best of my knowle ER: On the basis of examination					o(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Sheetung	uMD	DISS	MBER 26	DATE SIGNE	, 1 , 1
	30, NAME AND ADDRESS OF PERSON WH SUSHAMA 31, DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGNAL  JAMES SAME  32. REGISTRAR'S SIGNAL  LILLE SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME SAME  AND SAME  AND SAME  AND SAME	UMar. MD	Kimbrong	h Army Ho	spital	Ft Headle Hd.
	7557 0 44 9	mide man (mon					



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 — Just after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-funral permit. Proces 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DAL

						9	26730
	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND I	MENTAL HYGIEN REG. NO		20,00
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
- 1	CLIFTON REVEL	L MOSS			Sept. 14		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le		1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH	8, B	IRTHPLACE (State or Foreign
\	217-58-4741	1 XM 2 □ F 83	YRS. MONTHS	DAYS HOURS MIN.	May 11,1		
- 1	9e. FACILITY NAME (If not institution, give st	reet and number)	9b. CIT	Y, TOWN OR LOCATION OF DI		9c. COUNTY	
8	130 Prince Ge			Annapolis		Anne	Arundel
рівесто	RESIDENCE OF DECEDENT		10c, CITY, TOWN	OR LOCATION			10d. INSIDE CITY
E							LIMITS?
		e Arundel	Anna	polis			1 X YES 2 NO
Z I	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E I	130 Prince Geo	rge Street		21401		U	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 X YES 2		WAS DECENDENT OF HISPAI		or No 14.	RACE American Indian, Black, White, etc.
	1 Never Married 2 Merried	IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	y:		Specify:
BY	3 Widowed 4 Divorced	1931 - 1942	2				White
	15. DECEDENT'S EDUC (Specify only highest grade	completed) ((	ECEDENT'S USUAL C	during most of working	16b. KIND OF BU	SINESS/INDUST	RY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	e. Do NOT use retired.)				
Ē.		4	Milit	ary	Defe	nse	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	AME (First, Middle, Meiden	Sumame)	
BE C	Clifton Custi	s Moss		Jane F	Revell		
	19e. INFORMANT'S NAME (Type/Print)	16	b. MAILING ADDRES	S (Street end Number or Rural	Route Number, City or Tox	rn, State, Zip Cod	) 21401
2	Margaret Moss	Dowsett	130 Pr	ince Georg	e Street	. Ann	apolis, MD
	20e. METHOD OF DISPOSITION	20b, PLACE	OF DISPOSITION (N	eme of cemetery, crematory or		CATION - City	
	1 X Buriel 2 Cremetion 3 Remediate Processing Survey Constitution 5 Other (Specify)	oval from State other p	viace)				I Committee I
	A, SIGNATURE OF FUNERAL SERVICE LA		Annes C	NAME AND ADDRESS OF FA	SCILITY	nnavo	LIS, PID
	4 101	YV/		aylor Fune		el	21401
	Inalet S.	Sty Tor		47 Glouces	_		
	23. PART I. Enter the diseases, or o	compligations that caused the d	aath. Do not enta	r tha moda of dying, auc	ch aa cardiac or raap	iretory arreat,	Approximata
		List only one cause on each lin					interval Between Onset end Death
	IMMEDIATE CAUSE (Finel disesse or condition	DUE TO (OR AS A CONSE		Prost	wa the	707	27ts.
	reaulting in death)	BUE TO (OR AS A CONSE	EQUENCE OF:	10001	Je my	eve	- 113.
	_				U		i l
CERTIFICATION	Sequentielly list conditions,	b. DUE TO (OR AS A CONSE	EQUENCE OF:				<u> </u>
ATI	if any, leeding to immediate csuse. Enter UNDERLYING						
윤	CAUSE (Disease or injury thet initiated events	c DUE TO (OR AS A CONSE	EQUENCE OF):				
Ē	resulting in death) LAST	,	,				
9		d,					
	PART II. Other algnificent condition	s contributing to death but not	resulting in the u	ndarlying cause given in	Part i. 24a. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO 1   YES		AMILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
	-				- 1		1 123 2 100
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	t		
<u> </u>	EXAMINER?	HOSPITAL:	ОТНЕ	R:			
YS	1 TES 2 NO	1   Inpatient 2   ER/Outpatient		rsing Home 5. Residence			
H	27. MANNER OF DEATH  1. Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED .
ВУ	2 Accident Investigation		М	1 YES 2 NO			
	3 Suicide s Could not be	28e. PLACE OF INJURY — At In building, etc. (Specify)	nome, farm, street, fa	ctory, office	261. LOCATION (Street City or Town, State		lural Route Number,
I	4 Homicide datermined						
7	29e, CERTIFIER	ICIAN: To the best of my knowledge, o	seath occurred at the	time, date end place, end du	e to the cause(e) and me	inner ee stated.	
ρ. Ι	/LINICK ONLY						
JMC	anal	R: On the beele of examination end/o	r Investigation, in my	opinion, deeth occured at the	e time, data end piece, e	nd due to the ca	use(a) and manner as stated.
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the beele of examination end/o	r investigation, in my		- SCIEDARC - 150		
BE COMP	anal	ER: On the beele of examination end/o	r investigation, in my	29c LICENSE NU	IMBER		use(a) and manner as stated.  GRED (Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEFENSE

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, )

Michael J. Milouman M. O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9 '91

FOR STATE REGISTRAR		STATE OF M		DEPARTMENTIFIC			MENTAL HYGIE		L., O	131
1. OECEOENT'S NA	ME (First, Middle, Last) Ira MILI	.S	CI	ENTIFIC	AIE OF	DEALL	2. DATE OF DEATH MONTH September			TIME OF OEATH
4. SOCIAL SECURI	TY NUMBER	5. SEX	6. AGE (In yrs. les	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year) July 18,		6. BIRTHPLI Country)	ACE (State or Foreign
217-12- 9a. FACILITY NAME	2996 (If not institution, give	1 X M 2 F	67	YRS.	CITY, TOWN	OR LOCATION OF D			Maryl	
	ownsville					rstown			hingt	
10650 D RESIDENCE C 100. BTATE Marylan	d Wash	v ington			erstow					d. INSIDE CITY LIMITS? YES 2 NO
100. BTREET AND II 10650 D 11. MARITAL STATU	ownsville	Pike			10	21740		10g. CITIZ	USA	T COUNTRY?
3 Widowed 4	1. MARITAL STATUS  Never Merried 2 Married  Widowed 4 Olvorced  12. WAS DECEOENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES							RIGIN? (Specify Yee or No- larto Rican, etc.)  14. RACE Black Specify White		American Indian, /hite, etc.
Elementary/Sec 12			(G	CEDENT'S USL live kind of work Do NOT use re	done during mo tired.)	ON set of working		BUSINESS/INOU	STRY	
WILLIam	A. Mills						. V. Gordo			
Mary E.							Route Number, City or ce, Hagers			21740
20a. METNOD OF D 1 IX Burial 2 0 4 0 Donation 5	Cremation 3 - Ran	noval from Stata	20b. PLACE Mano	of oisposition of Ceme	N (Name of ce tery	metery, crematory or		LOCATION — C		State Maryland
21. SIGNATURE OF	PCD ES	CENSEE	Din.	ned		CH FUNER		lagerst	own,	Md. 21740
23. PART I. Ente shoot IMMEDIATE CAU	ck, Or heert fellure.	complications the List only one cau	ceused the de se on asch line	eath. Do not	enter the mo	ode of dying, suc	ch es cerdiec or re	apiretory erre	est,	Approximate interval Between Onset and Death
disease or cond resulting in des		s. Car	OR AS A CONSE	OUENCE OF):	~					2 days
Sequentially list if any, leading to ceuse. Enter the CAUSE (Disease that initiated ever resulting in deal	o immediate		Levos el (OR AS A CONSE		Hr.	ret Ois	PAIR			Years
CAUSE (Disessed that initiated every resulting in deal	enta	DUE TO	(OR AS A CONSE	OUENCE OF):						
PART II. Other		ns contributing to			he underlyin	g cause given in	PER	AN AUTOPSY FORMEO?	CO	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 PNO
25. WAS CASE REF EXAMINER? 1   YES 2	ERREO TO MEDICAL	HOSPITAL:			THER:	LACE OF OEATN (C				
27. MANNER OF DE	ATH 5 Pending	1 Inpetient 2 28e. DATE OF (Month, D.	INJURY	28b. TIME O	F 28c, IN	JURY AT DRK? YES 2 NO		Other (Specify)  Bd. OESCRIBE HOW INJURY OCCURED		
2 Culpida	8 Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm, stre	nt, factory, offic	20	281. LOCATION (Str. City or Town, St	et and Number ate)	or Rural Rou	te Number,
dent's		BICIAN: To the best of ER: On the bests of as								nd manner ea stated.
/ 11										

SZ. REGISTRAPS MANATERS doon- Pandale

21740

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL

	1 - STATE
	1. DECEDENT
	4. SOCIAL SE
	n 218-
	9a. FACILITY
NEGROR	Rt. 2
20	HESIDEN
뜽니	
-	10e, STREET
	Rt. 2
3	11. MARITAL
	1 Never N
B	3 Widowe
	Elementar
	17. FATHER'S
8	Peter
8	19e. INFORM.
임	Vauda
	20s. METHOD 1 X Burisi 4 Donatio
	21. SIGNATUI
	▶\\
	23. PART I
	IMMEDIATI
	recuiting in
_	-
ō	Sequential
S	If any, laad ceuse. Ent CAUSE (DI
	that initiate
H	resulting in
O	

* REGISTRAR		CEI	THE	ALE OF	DEAL	п	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last) $John \qquad F$	rederick	MELL	INGEF	R, Sr.			2. DATE OF DEATH MONTH Sept. 14	, 199	PASY [	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b		F UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		a. BIRTH	IPLACE (State or Foreign
218-10-2379	1 M 2 - F	90	YRS.	ONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 16,	1901	Mary	yland
Se. FACILITY NAME (If not institution, give s	treet end number)		.9	b. CITY, TOWN	OR LOCATE	ON OF DE			NTY OF D	
Rt. 2, Box 16				0	akland	1		Gan	ret	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	1		100 CITY I	TOWN OR LOC	TION					10d. INSIDE CITY
MD	Garrett		100. 011 1,			)akl	and			LIMITS?
Rt. 2, Box 16				1	of, ZIP CODE		550	10g. CIT	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 ND		If yes, o		n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No—	14. RACI Bleck	
	l .	1		1			100			White
15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give		SUAL OCCUPAT tk done during n		g	16b. KIND OF BU	JSINESS/INC	DUSTRY	
Elementary/Secondary (0-12) 7	College (1-4 or 5+)	_	armer				Farm	ning		
17. FATHER'S NAME (First, Middle, Last)		1	armer		10 MOTI	TED-6 NA	ME (First, Middle, Maide			
Peter Frankl	in Mel	linger				iens na	ME (First, Middle, Maloe) Amelia		Nol	- 0
190. INFORMANT'S NAME (Type/Print)	II. IIEI		MAILING A	DORESS (Street			Route Number, City or To			
Vauda B. Melling	er						d, Marylar		1550	
200. METHOD OF DISPOSITION		20b. PLACE OF						OCATION —		own. State
1 X Buriei 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		other place	9)	le Ceme	etery		Sv			aryland
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE			Ste		Fun	cury eral Home d St., oak	1 .		21550
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	bDUE TO (OF	R AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	ENCE OF):		700 7		dísespe	inda		4.7
PART II. Other algnificant condition	d	ath but not res	sulting in	the underlyi	ng cause	alven in	Part I. 24a. WAS A	N AUTOPSY	246	WERE AUTOPSY FINDINGS
	COPD						PERFO	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26,	PLACE OF D	EATH (Ch	eck only one)		۰	
EXAMINER?  1 YES 2 X NO	HOSPITAL:	B/Outpetlant 3 [		OTHER:			8 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF 28c. II	JURY AT /ORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — A1 home . (Specify)	e, farm, str	eet, factory, of	lce		28f. LOCATION (Stree City or Town, State	end Numbe	r or Rural	Route Number,
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS 2 MEDICAL EXAMINI										a) and manner as stated.
296. SIGNATURE AND TITLE OF CONTIFE	Itun					) 153		29d. DAT	2/16	(10/min Day, New)
30. NAME AND ADDRESS OF PERSON WE 311 N. Fourth S	t., Oaklan	d, Mary	land	2 1550	)	Dr.	Thomas Jo	hnsor	n, MI	)
SEP 1 6 199	32 MEGISTRAN'S	SIGNATURE ASON-Range	delle							

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	- IMAIN EAR	ID / DEPARTMEN CERTIFICAT	E OF DEATH		REG. NO.	
	John Natha 4. SOCIAL SECURITY NUMBER 5. SI		MONTHS	SR. R 1 YEAR   IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF MONTH  7. DATE OF (Month, L	H. 15. 19 BIRTH Day, Ybar)	3. TIME OF DEA 991 9:04 8. BIRTHPLACE (State or Fi Country)
CTOR	213-22-0335  98. FACILITY NAME (If not institution, give street an RESIDENCE OF DECEDENT	7 44		Y, TOWN OR LOCATION OF E	DEATH		MARYLAND TY OF DEATH
AL DIRE	MARYLAND ST. MA  10e. STREET AND NUMBER	RY'S COUNTY	10c. CITY, TOWN			10g. CITIZ	10d. INSIDE CITY LIMITS? 1 YES 2  EN OF WHAT COUNTRY?
BY FUNER	1 Never Married 2 XMarried F	MAS DECEDENT EVER IN U.S FORCES? 1 X) YES 2 FYES, GIVE WAR OR DATES WW 11	2 NO	20618  WAS DECENDENT OF HISP/ If yes, specify Cubert, Mexic  1 YES 2X NO Spec	en, Puerto Ric	U.S Specify Yes or No.	
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Colli-	101	e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.  FARMER	during most of working	16b. K	ND OF BUSINESS/INDU	
D BE COM	17. FATHER'S NAME (First, Middle, Lest)  .TAME'S COLUMBUS MADD  198. INFORMANT'S NAME (Type/Print)	OX		18. MOTHER'S N MARY N S (Street and Number or Fural	EALE	dle, Malden Surname)	Code)
ТО	MARY D MADDOX  20s. METHOD OF DISPOSITION 1 Studies 2 Cremetion 3 Removal in 4 Donation 5 Other (Specify)	cemeter SAC	CENERAL D ACE AND DATE OF DISPO by, crematory or other place RED HEART	ELIVERY, BUS	HWOOD, DATE 18/91	MARYLAND 20c. LOCATION — C	20618
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  Chael  23. PART   Enter the diseases, or compile	Gardiner	,	MATTINGLEY- P.O. BOX 27	GARDIN	NARDTOWN.	MD. 20650
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO)	Dearnseouence of):	th-1	noba	Ongi	Intervel B Onset and
ERTIFI	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	OUE TO (OR AS A COI	NSEQUENCE OF):			<i>V</i>	
MEDICAL CERTIFI	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions confi	OUE TO (OR AS A COI		ndariying cause given in		a. WAS AN AUTOPSY PERFORMED?  YES 2 15 40	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF O OF DEATH?
MEDICAL CERTIFI	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant conditions confidence  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOS	OUE TO (OR AS A COI	not resulting in the u	28. PLACE OF DEATH (CI	neck only one)	PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF O OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	Ceuse, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  DART II. Other significant conditions confidence of the con	OUE TO (OR AS A CONTRIBUTION OF THE CONTRIBUTI	not resulting in the u	28. PLACE OF DEATH (CI R: aling Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	e Other (S  28d. DESCR	PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL CERTIFI	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  DART II. Other significant conditions conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  See 2 NO 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tributing to death but not not not not not not not not not no	not resulting in the u  or the second of the	28. PLACE OF DEATH (CI R: raing Home 5  Residence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	e Other (S  28d. DESCR  28f. LOCATIC City or 1	PERFORMED?  YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24b. WERE AUTOPSY FINANLABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 1

pes 1, 2, 3 should

detach		once.
8		To
Should a		otified
page		be
Irector,		r must
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	Zi.	-
10 PV	r remo	edica
lled	0,	10
ly fi	atio	=
mplete	crem.	went.
00	urial	0
an	0 0	mat
Sician	prior t	trau
F	90	her
Dulpu	Hygie	r ot
atte	TZ	V. 0
the	Mer Mer	Iniur
5	Se .	2
signe	lealth	8 24
een	of	shor
has b	Dept.	23
cate	State	tem
riti	he	10
S	4	pe
F	4	ark
Afte	deat	E
	-	- 61

1. DECEDENT'S NAME (First, Middle, Last								MON		AY	YEAR	3. TIME OF OEATH
DORIS LOUISE ME										29,		11:55
4. SOCIAL SECURITY NUMBER 219 14 5608	5. SEX	6. AGE (In yrs. le	YRS.	MONTHS	DAYS	HOURS	MIN,	3-	E OF BIRTH 18th, Day, Year)		Ma	ryland
9e. FACILITY NAME (If not Institution, give				9b. CITY	Y, TOWN	OR LOCATI	ON OF OE	HTA		9c. CO	UNTY OF	DEATH
SACRED HEART HO	SPITAL			CUM	BERL	AND	_			AI	LEGA	MY
10e. STATE 10b. COUN	TY		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland Alle	egany		C	umbe	erla	and						1 X YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COD				10g. CI		WHAT COUNTRY?
521 Bedford S							502					SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 X MAR OR DATES			If yes, op		n, Mexica	n, Puert	iiN? (Specify Ye o Rican, atc.)	e or No—	Bla	CE — American Indian, ck, Whits, etc.  Black
15. DECEDENT'S EC		16a, Di	ECEDENT'S	S USUAL O	CCUPATI	ON		10	Bb. KIND OF BU	SINESS/IN	DUSTRY	Diack
(Specify only highest gra Elementary/Secondary (0-12) 1 2	de completed) College (1-4 or 5	+)	ofes	work done use retired.)	during me	HON			Domes	tic	Wor	ck
17. FATHER'S NAME (First, Middle, Last)  Carrol Edward	Frichy					18. MOT			, Middle, Malder lay Da			
19a. INFORMANT'S NAME (Type/Print)	TITIONY	10	DE MAILIN	G ADDRES	S (Street	and Numbe			mber, City or Tov		in Codel	
William W. Met	hod								erland			1502
20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Re	moval from State	20b. PLACE of cemetary Suns	E AND DAT	re of Dist	POSITION Place)	(Name		7/2	1/			Town, State d, Maryla
4 U Donation 5 U Other (Specify)												
4 Donation 5 Other (Specify)		2 0	ec i	22.	NAME A	ND ADDRE			11			
21. SIGNATURE OF FUNERAL SERVICE  The service of th	a, Ru	Cay . Jr	leath. Do	22. Le	asu umbe	no abone are- erla	Steind,	in, Mď.	Inc. 2150	230	Bal	Approximate Interval Betwo
21. SIGNATURE OF FUNERAL SERVICE  The service of th	r complications the List only one ce	Cay . Jr	EQUENCE (C	not ente	NAME A	nd address a control of the control	Steind, Ind, Ind, Ind, Ind	in, Md.	Inc. 2150	230 230 22 22 22 22 22 22 22 22 22 24	Bal	timore A
23. PART I. Enter the diseases, o shock, or heert feilun IMMEDIATE CAUSE (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	r complications the List only one ce	et coused the duse on each tin	EQUENCE (	not ente	easuumber the me	nD ADDRESITE OF THE PROPERTY O	steind, ind, ing, such with the control of the cont	in, Md.	Inc 2150 ardisc or resp  La  Z  A  B  CLA  1  244. WAS AL	230  Poliratory a  TZ 4  LU'S  N AUTOPS PRIMED?	Bal	timore A
21. SIGNATURE OF FUNERAL SERVICE:	r complications the List only one ce	et coused the duse on each tin	EQUENCE (	not ente	NAME AS UUMber the me	nD ADDRESITE OF THE PROPERTY O	Steind, ind, ing, such ind ino ino f	in, Md.	Inc 2150 ardisc or responded a decided 230  Poliratory a  TZ 4  LU'S  N AUTOPS PRIMED?	Bal	Approximate interval Betwoonset and D	
23. PART I. Enter the diseases, o shock, or heert fellun IMMEDIATE CAUSE (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	r complications the List only one ce  s. DUE TO  DUE TO  DUE TO  d. One contributing to	et coused the duse on each tin	EQUENCE (C	22. Le C'I not ente	NAME AS UUMber the me	ND ADDRE	Steind, ind, such that ind, such that ind ind ind ind ind ind ind ind ind ind	in, Md	Inc 2150 ardisc or responded a decided 230  Poliratory a  TZ 4  LU'S  N AUTOPS PRIMED?	Bal	Approximate interval Betwoonset and D	
23. PART I. Enter the diseases, o shock, or heert feilung immediate cause (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART H. Other significant conditions in the condition of the condit	r complications the List only one ce  s. DUE TO  DUE TO  d. One contributing to	et caused the duse on each iln  practice of the cause on each iln  practice of the cause of the	EQUENCE (	22. Le C1 not ente	name as unamber the me	ND ADDRE	Steind, ind, such that ind, such that ind ind ind ind ind ind ind ind ind ind	Md. Md. Md. Md. Md. Md. Md. Md. Md. Md.	Inc 2150 2150 ardisc or resp  La  Z  La  La  La  La  La  La  La  La	230  Poliratory a  TZ 4  LU'S  NAUTOPS PRMED7  2 IP NO	Bal streat,	Approximate interval Betwoonset and D
23. PART I. Enter the diseases, o shock, or heert fellun IMMEDIATE CAUSE (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART H. Other significant conditions in the conditions of	c. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  DUE TO  A. DUE TO  Ons contributing to	et coused the duse on eech lin  Spira  Opras a conse  Opras a cons	EQUENCE (C. 2 SEQUENCE  22. Le C' not ente  CC not ente  CC not ente  CC not ente  CC not ente	inderlylr  26. FR: rrsing Hoi	ND ADDRES  I T C	Steind, ind, such ing, such ing, such ing, such ing ing ing ing ing ing ing ing ing ing	Md. Md. Md. Md. Md. Md. Md. Md. Md. Md.	Inc 2150 2150 ardisc or resp  La  Z  La  La  La  La  La  La  La  La	230  Poliratory a  TZ 4  LU'S  NAUTOPS PRMED7  2 IP NO	Bal streat,	Approximate interval Betwoonset and D	
23. PART I. Enter the diseases, o shock, or heert feilung immediate cause (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the condition of the condi	r complications the List only one ce  s. DUE TO  DUE TO  d. DUE TO  d. Ons contributing to  HOSPITAL: 1 @ inpatiant 2  28s. DATE O (Month,	et caused the duse on each iln  proper as a conse  conservation of the conservation of	EQUENCE (C. 2 SEQUENCE  22. Le C' not ente  CC not ente  CC not ente  CC not ente  CC not ente	inderlylr  26. FR: rrsing Hoi	ND ADDRES  I T C	Steind, ind, such ing, such ing, such ing, such ing ing ing ing ing ing ing ing ing ing	Md .   Md .	Inc 2150 ardisc or resp  La  Z  A  A  A  A  A  A  A  A  A  A  A  A	230  Poliratory a  TZ 4  LL S  N AUTOPS RMED? 2 M NO	Bal streat,	Approximate interval Betwoonset and D	
23. PART I. Enter the diseases, o shock, or heert fellum IMMEDIATE CAUSE (Final-disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions of the conditions	r complications the List only one ce  8. DUE TO  DUE TO  DUE TO  d. One contributing to  HOSPITAL: 1 12 inputant 2  28a. DATA  One 28a. PLACE building	et caused the duse on eech iln  Spiral  Opras a conse  Opras a con	resulting	22. Le C' not ente  OF): OF): OF): OTHE 4 Nume OF NJURY M, street, fac	inderlyir  26. F: R: Itime, date	ND ADDRE	Step nd, ind, such nd, ing, such nd, ing, such nd ing, such nd ing, such nd ing, and due, and	Part I.  281. L. C.  281. L. C.	Inc 2150 2150 ardisc or resp  La  La  La  La  La  La  La  La  La  L	230  Poliratory a  TZ 4  L S  N AUTOPS PRMED?  2 M NO	Bal streat,	Approximate interval Betw Onset and D Onse
23. PART I. Enter the diseases, o shock, or heert fellum IMMEDIATE CAUSE (Final-disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions of the conditions	c. DUE TO  b. DUE TO  c. DUE TO  d	et caused the duse on eech iln  Spiral  Opras a conse  Opras a con	resulting	22. Le C' not ente  OF): OF): OF): OTHE 4 Nume OF NJURY M, street, fac	inderlyir  26. F: R: Itime, date	ND ADDRESS ND ADDRESS	Step nd, ind, such nd, ing, such nd, ing, such nd ing, such nd ing, such nd ing, and due, and	Part 1.  286. L C C C C C C C C C C C C C C C C C C	Inc 2150 2150 ardisc or resp  La  La  La  La  La  La  La  La  La  L	230  Poliratory s  TZ 4  Poliratory s  N AUTOPS  RMED?  2 IF NO  INJURY Of and Number set a sind due to	Bal streat,	Approximate interval Betw Onset and D  Ab. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, o shock, or heert fellun immediate Cause (Final-disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigations in suicide 8 Could not a defarmined condition one) 2 MEDICAL EXAMINER.	c. DUE TO  b. DUE TO  c. DUE TO  d	et caused the duse on each iln  p o pr as a conse  p o cor as a co	resulting	22. Le C' not ente  OF): OF): OF): OTHE 4 Nume OF NJURY M, street, fac	inderlyir  26. F: R: Itime, date	ND ADDRES ND ADD	Step nd, ing, such nd, ing, such nd, ing, such nd ing, such nd ing, such nd ing, such nd ing, and during at the sense nu	Part 1.  286. L C C C C C C C C C C C C C C C C C C	Inc 2150 2150 ardisc or resp  La  La  La  La  La  La  La  La  La  L	230  Poliratory s  TZ 4  Poliratory s  N AUTOPS  RMED?  2 IF NO  INJURY Of and Number set a sind due to	Ball streat,	Approximate interval Betwood Onset and D  Ab. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 No.

a 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

REGISTRAR		CERTIFIC	ATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)  Bessie J.	. Morrisse	v			2. DATE OF MONTH	DEATH PAY 28/	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215–26–9886		E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 03-26	вияти ву: Year) 5—1902	8. BIRTH County	IPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give at Union Memorial H. RESIDENCE OF DECEDENT		9		OR LOCATION OF DE		9c. CO	UNTY OF D	
10a. STATE 10b. COUNTY		Balti	More	TION				10d. INSIDE CITY LIMITS? YES 2 ND
100. STREET AND NUMBER 3552 Lyndale Ave				1. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed XXX Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 20-MO	If yes, sp	CENDENT OF HISPAI recity Cuban, Mexica P NO Specific	in, Puerto Rica			E — American Indian, k, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementacy/Secondary (0-12)	CATION completed) College (1-4 or 5+)	160. DECEDENT'S US (Give kind of wor life. Do NOT use of housewi	k done during metired.)	ON ost of working	122000	own hame	DUSTRY	L L
17. FATHER'S NAME (First, Middle, Last) Robert Miles Day				18. MOTHER'S NA		ile, Malden Surname)		400
19a. INFORMANT'S NAME (Type/Print) Mr. Milton S. Mo	orrissey	3552 Ly	ndale	and Number or Rural Avenue Ba	Route Number,	City or Town, State, 2 re MD 21	213	
256a. METHOD OF DISPOSITION  1 B Burial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE AND OATE O	FOISPOSITIDI	Park	8-31	20c. LOCATION - Cumberl	and,	wn, Steta MD
21. SIGNATURE OF FUNERAL SERVICE LIC	A Count	11:	<sup>2</sup> Scar Cumb	belli fur erland, M	neral 1 4D 215	Home 02		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEDUENCE OF):			E-			Onset and De
PART II. Other significant condition	na contributing to deat	n but not resulting in	the underlyle	ng cause given in		Ia. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)			
1 VES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/O 28a. DATE OF INJUF (Month, Day, Yea	ty 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	T	Specify) NBE HOW INJURY (	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJU building, etc. (S	JRY — At home, ferm, str (pec/fy)	eet, factory, offi	са		ON (Street and Num Town, State)	ber or Rural	Route Number,
CONSUM OFFITY &	ICIAN: To the best of my kr							(a) and menner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE	f me I	1/a	un	LICENSE NU	JMBER /A	29d. 0		D (Moreth, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	+St BA	Mone	Print)			CAMINO, N	1.D.	
SEP 13 1991	32 REGISTRAR'S	enature endese						

1212 of all and a second solutions and a second solution of the seco

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

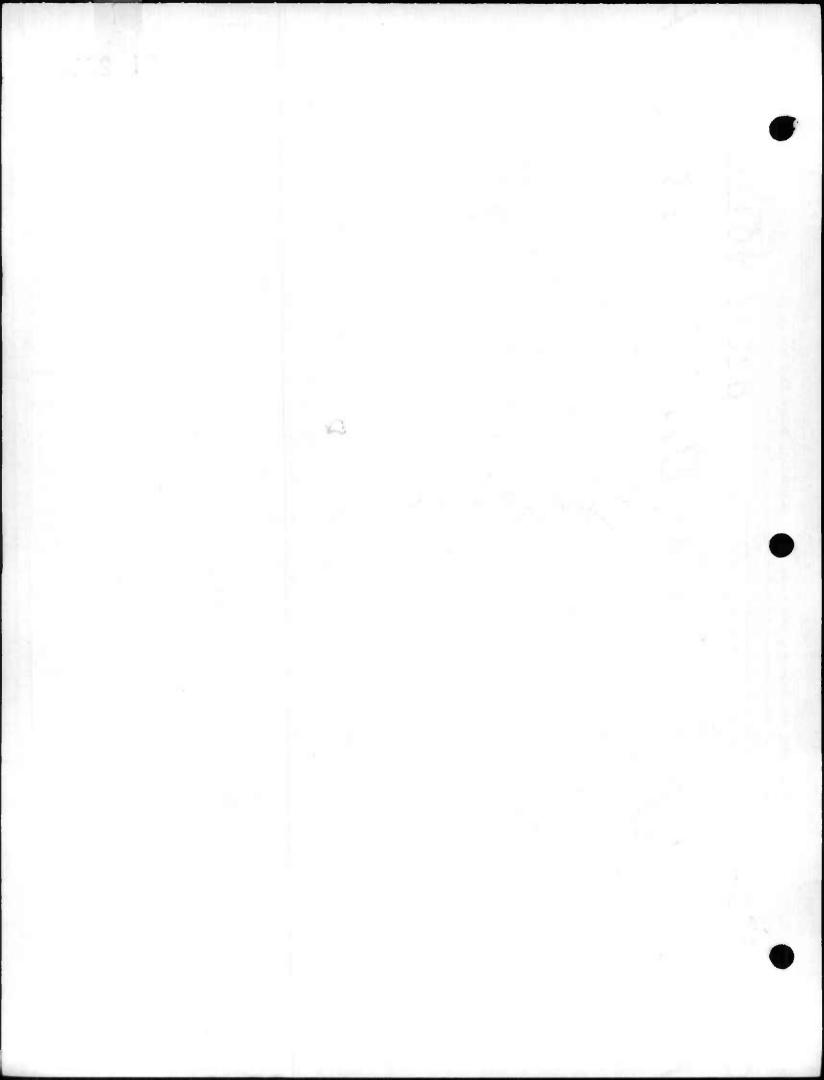
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	HEGIOTIVAT		- 01		IOAII	_ 01	DEA		ned. IV	0.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	WILLIAM ROBERT MI						,		SEPTEMBE	R 7,		6:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	HOURS	24 HRS.	7. DATE OF BIRTH	1002	8. BIRTH Countr	PLACE (State or Foreign
	215 10 4416	1 M 2 - F	89	YRS.					MARCH 4,	1902		Md.
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH	9c. COL	JNTY OF D	EATH
8	SACRED HEART HOSE	ITAL			C	UMBE	RLAN	D		AT.	LEGA	VY
ן פֿ	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY LIMITS?
ā	Md. Alleg	any		Lo	nacc	ning	3					1 TES 2 NO
4	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. CI	TIZEN OF V	VHAT COUNTRY?
E I	40-A Charles	town St.					215	39		I	JS	
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI						NIC ORIGIN? (Specify	fes or No-		- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 N	10		If yes, sp	2 X NO	ın, Mexici Specii	an, Puerto Rican, atc.)		Speci	t, White, etc.
B	3 Wildowed 4 Divorced						94		·			White
9	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF E	USINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gr	Do NOT us	work done se retired.)	auring mo	ast of worki	ng				
4	Unknown			nten	ance	Em	oloye	96	Host	oital		
S O	17. FATHER'S NAME (First, Middle, Last)		2,002		Giree		_		AME (First, Middle, Maid			
	William T. Mill	or							ie Wadde			
BE	19e. INFORMANT'S NAME (Type/Print)	er	100	MARING	ADDDES	e /Street			Route Number, City or 1		In Code	
2			190									21 5 2 0
	Edna Beeman		1					St	. Lonacor			
	20a, METHOD OF DISPOSITION  TX Burial 2 Gremation 3 Gremation	ovel from State	20b. PLACE of cemetary,	cremators	or other	osition	(Name	0		LOCATION -		wn, Stata
	4 Donation 5 Other (Specify)	*******	L/a	urel						rton	, Md.	
	21. SIGNATURE OF FUHERAX SERVICE LIC	EMSEE		/	22.	NAME A	ND ADDRE	ss of F	ck Funeral	Home	0	
	* 1/1/1 m		Frel h						St. Weste			d
	23. PART I. Enter the diseases, or c	emplications the	of caused the de	ath Do	not enter					_		Approximate
	shock, or feart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Re	enal 1	Fuil					1			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO	O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	OUENCE O	PF):							- A- U
Ē	resulting in daeth) LAST	1.										
8												
A	PART II. Other significant condition							given in	Part I. 24a. WAS	AN AUTOPS!	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Chanico 61	ructive	pulne.	ney	uis	(410	-		1 TYES	2 NO	n	COMPLETION OF CAUSE OF DEATH?
¥	Consortion 1	tend f	allure.									1 TES 2 10
	Pseudones	a bronous	, co/17	1							- 1	
₹	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only one)		-0	
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE			naldanaa	6 Other (Specify)			
<u>¥</u>	27. MANNER OF DEATH	28a. DATE O		28b. TIA	1		JURY AT	REMORTICE	26d. DESCRIBE HO	W INJURY O	CCURED	
	1 Natural 5 Pending		Day, Year)		JURY	W	ORK? YES 2	¬ NO				
B	2 Accident Investigation							_ NO				
	3 Suicide 6 Could not be 4 Homicide datarmined	building	OF INJURY — At ho , atc. (Specify)	me, Term,	street, fac	ctory, offi	ce		261. LOCATION (Stre City or Town, Str		er or Rural	Route Number,
COMPLETED	- Commonde canamines											
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat o	f my knowledge, de	ath occur	red at the	tima, dat	and plac	e, and du	a to the cause(a) and	manner aa si	tated.	<del></del>
⋛│	anal	R: On the basis of	examination and/or	Investigati	on, in my	opinion,	death occu	red at th	e time, data and placa,	and due to	the cause(	s) and menner as stated.
	29b. SIGNATURE AND JITLE OF CERTIFIER					-	1 200 110	ENSE NU	Moco	1 004 0	TE BIONE	V. 44
H	1 Lenns	110	0.	400	0		29C. LIC	) 7	IAPO	290. 0	C	(Month, Day, Year)
2	20 MANUE AND ADDRESS CO.	/ //		4			1	161	401		/-	//
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Typ		7 1 1		_	, ,	100		
	/homas	, DE	vin f	4.11.	, 1	4/	4419	37	·, Lore	10001	211	19-1. 2153
	31. DATE SEPONE. 18. 1991	GUITA DELYC	AR'S SIGNATURE	02								

6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a virous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permited within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after de TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fiber within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic e
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN; TO THE FUNERAL DIRECTOR: After this certifics be filed within 72 hours after death with the SI	IMPORTANT: If item 28 is marked, or it

FOR STATE REGISTRAR	STATE OF	CE	RTIFICAT	E OF DE	ATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle						2. DATE OF I	DAY	1991	
4. SOCIAL SECURITY NUMBER	el Galen	6. AGE (In yrs. last	Adaptive of the same	ER 1 YEAR   IF UN	DER 24 HRS.	7. DATE OF E			HRTHPLACE (State or Foreign
4. SOCIAL SECONITY NUMBER	1 M 2 □ F		MONTHS		_	(Month, Da	y, Year)	C	Country)
219-46-1992. 98. FACILITY NAME (If not institution		42	YRS. 9b. CIT	TY, TOWH OR LOC	ATION OF DE	Feb.		9c, COUNTY	Keyser WV.
Residence				esternpo	rt			any	
10a. STATE 10b. (	COUNTY 11egany		10c. CITY, TOWN Wester						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	-1-c6am		WCDCC.	101. ZIP C	2001			10g. CITIZEN	OF WHAT COUNTRY?
327 Vine		INT EVER IN U.S. ARI	MED 12	3. WAS DECENDEN	1562	IC OBIGINS (8	neethy Ven o	U.	S RACE — American Indian.
1 X Never Married 2 Marrie 3 Wildowed 4 Divorced		YES 2 N		If yes, specify Co	uban, Maxicar	n, Puarto Rica			Black, White, etc.  Specify White
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	r'S EDUCATION at grade completed)  Cotlege (1-4 or 1	(Gh	CEDENT'S USUAL of work done Do NOT use retired.	OCCUPATION e during most of wo	orking	16b. KIN	ID OF BUSIN	NESS/INDUST	RY
12	2		L P Nu	ırse			Hospi	tal	
17. FATHER'S NAME (First, Middle, L				16. M		ME (First, Midd	-		
Charle						Fazen			
19a. INFORMANT'S NAME (Type/Prin		196	327 Vir	ess (Street and Murr ne St. W					(a)
20a, METHOD OF DISPOSITION		20b. PLACE (	OF DISPOSITION (	- "		nport,			or Town, State
XX Burial 2 Cremation 3 (		other pla	109)	S Cemete	ry				ort, Md.
21. SIGNATURE OF FUNERAL SERVICES  23. PART I. Enter the disease abook, perhaart for IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	es, or complications the	suse on each line.	eth. Do not ento	Boal-W	arnicl urch	k Fune St. We	stern	port,	Approximate Interval Between
23. PART I. Enter the disease ahock, pr heart fr IMMEDIATE CAUSE (Finel disease or condition	es, or complications the allure. List only one ca	o (OR AS A CONSECUTION OF CONTRACT OF CONT	ath. Do not ente	Boal-W	arnicl urch	k Fune St. We	stern	port,	Approximate Interval Between
23. PART I. Enter the disease ahock, pr heart for the disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	ps, or complications the allure. List only one complete the complete t	O (OR AS A CONSECUTION OF CONSECUTIO	ATENCE OF:	2. NAME AND ADD BOAT—W 111 Ch er the mode of	arnich arch s dylng, such	k Fune St. We haa cardiac	stern	UTOPSY HED?	Approximate Interval Batwo Crimet and De Cri
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	ps, or complications it aliure. List only one contributing it and it is a contributing it is a contribution in the contribution	O (OR AS A CONSECUTION OF CONSECUTIO	ATENCE OF:	2. NAME AND ADD BOAT—W 111 Ch er the mode of	arnich urch dylng, such	k Fune St. We haa cardiac	e. WAS AN AI PERFORM	UTOPSY HED?	Approximate Interval Batwo Cities and De Cit
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant co	DUE TOUE TOUR THE PROPERTY OF	O (OR AS A CONSECUTION OF CONSECUTIO	ALLENCE OF 3:	2. NAME AND ADD BOAT—W 111 Ch er the mode of	arniclurch s dying, suci	Part I. 24	e. WAS AN AN PERFORM	UTOPSY HED?	Approximate Interval Batwo Cities and De Cit
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant contents of the cause cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE T  DU	O (OR AS A CONSECTION OF CONSE	ALLENCE OF 3:	2. NAME AND ADD BOAT—W 111 Ch er the mode of  underlying cause 26. PLACE O	arniclurch s dying, suci	Part I. 24	e. WAS AN AN PERFORM	UTOPSY HED?	Approximate Interval Betwo China and De Chin
23. PART I. Enter the disease shock, princer for immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions or cause. Examiner?  1  Yes 2 No  27. MANNER OF DEATH  1  Return 5 Pendin Investi	DUE T  BOOK TO THE TOTAL TO THE	O (OR AS A CONSECTION OF INJURY Day, Year)	ALLENCE OF:  DOA OTHE  DOA 4 OF  NJUNE  BLENCE OF:  ALLENCE 28. PLACE O ER: turning Home 5	arnich urch s dying, such as given in F DEATH (Cha Chesidence	Part I. 24  Cock only one)  B Other (S)  28d. DESCRI	e. WAS AN AI PERFORM  VES 2	UTOPSY LED?	Approximate Interval Batwo Chine and De Chin	
23. PART I. Enter the disease shock, princer fill immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions or cause. Examiner?  1  Yes 2 No  27. MANNER OF DEATH  1  Return 5 Pendin 5 Pendin	DICAL HOSPITAL: 1   Inpatient 2   28a. DATE (Month, not be	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	ALLENCE OF:  DOA OTHE  DOA 4 OF  NJUNE  BLENCE OF:  ALLENCE 28. PLACE O ER: turning Home 5	arnich urch s dying, such as given in F DEATH (Cha Chesidence	Part I. 24  1  eck only one)  8 Other (S)  284. DESCRI	e. WAS AN AI PERFORM  VES 2	UTOPSY LED?	Approximate Interval Betwood and De Competend and De Comp	
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant continues the cause of the conditions of the cause of the	DUE T  DU	O (OR AS A CONSECTION OF INJURY — At hog, etc. (Specify)	ath. Do not enter  ARENCE OF:  BUENCE OF:  DOA   OTHI	2. NAME AND ADD BOAT—W 111 Ch er the mode of  26. PLACE O ER: lursing Home 5 d 28c. INJURY A 1  YES sectory, office	arniclarch shaped and	Part I. 24  Lock only one)  S — Other (S)  281. LOCATIC City or 3	e. WAS AN AN PERFORM  VES 2 ()  POOR (Street an own, State)	UTOPSY LED?  JURY OCCURI	Approximate Interval Batwo Chine and De Chin
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant continues the cause of the conditions of the cause of the	DICAL HOSPITAL: 1 Inpetient 2 28a. DATE ( (Month, Ingstion not be hined  G PHYSICIAN: To the best of ERTIFIER	O (OR AS A CONSECTION OF INJURY Dey, Year)  OF INJURY — At hog, etc. (Specify)  DERT W.	ath. Do not enter  ALENCE OF:  BLENCE OF:	28. PLACE O	arniclarch shaped and	Part I. 24  Part I. 24  Other (S)  28d. DESCRI  to the cause( time, date and	e. WAS AN AN PERFORM YES 2 J  DON (Street en own, Stete) e) and mann d place, and d place, and	UTOPSY LED?  JURY OCCURI  Mumber or F  drug to the ca	Approximate Interval Betwood and De Comment and De

10



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

RITARKILI L. MU.	est)				2. DATE OF CEATH MONTH DA	W YEA	3. TIME OF DEATH
ELIZABETH G. MC					09 14	1991	14:35 P
4. SOCIAL SECURITY NUMBER 217-10-7880	5. SEX 8.	AGE (In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Dwy, Year) OCT 24 190	Co	RTHPLACE (State or Foreign ountry) ARYLAND
90. FACILITY NAME (If not institution, git SACRED HEART HO	SPITAL			OR LOCATION OF D		9c. COUNTY O	
10a. STATE 10b. COU	INTY		TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MARYLAND AI  100. STREET AND NUMBER	LLEGANY	CUME	BERLAND	4 710 0005		Las arrivers	1 YES 2 NO
514 BEALL STRE	ET		R	21502	1	U.S.A	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Number Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR		If yes, s		NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: WHITE
15. OECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)		160. OECEDENT'S (Give kind of life. Do NOT L		ION post of working	HOUSE K		W LERK STORE
17. FATHER'S NAME (First, Middle, Lest) GEORGE ALBERT	EYLER				AME (First, Middle, Maiden ETH E. KORI		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code	»)
JAMES F. McFARL	AND		a team in are		BERLAND, MI		·
20a METHOD OF DISPOSITION 1) Surfet 2 Cremation 3 F 4 Donation 5 Other (Specify)	temoval from State	20b. PLACE AND OAT	E OF DISPOSITIO	N (Name		CATION City of	or Town, State
21, SIGNATURE OF FUNERAL SERVICE	Doint			OX-MERRICATURES	ACIUTY THE FINERAL STREET CUME	HOMEND	MD.
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Ce	report he	monty	_			
Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	c	R AS A CONSEQUENCE O					
disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	c DUE TO (OF	R AS A CONSEQUENCE O	DF): In the underlyi		PERFO	RMED?	Onaet and De 5 day 2
Sequentially liat conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	dtions contributing to de	R AS A CONSEQUENCE O	DF):			RMED?	Onaet and De 5 day
Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions of the cause conditions in the cause of the	d	R AS A CONSEQUENCE O	In the underlying		PERFOI	RMED?	24b. WERE AUTOPSY FINOIR ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if emy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions of the cause of th	c	R AS A CONSEQUENCE of the but not resulting	28. OTHER:	PLACE OF DEATH (C	PERFOI  1 YES 2  Check only one)  6 Other (Specify)	RMED?	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if emy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	titiona contributing to de  L HOSPITAL:  1 Inpetient 2 E  28a. DATE OF IN. (Month, Day.	eth but not resulting  ER/Outpatient 3 □ DOA  UNRY 28b. Ti fber)	OF):  26. I OTHER: 4 Nursing Ho HUNRY M 1	PLACE OF DEATH (Come 5 Residence AJURY AT ORK?  YES 2 NO	PERFOI  1 YES 2  check only one)  6 Other (Specify)  28d. DESCRIBE HOW I	RMED?	24b. WERE AUTOPSY FINOIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Sequentially liat conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initietad events resulting in death) LAST  PART II. Other eignificant conditions in the cause of the	L HOSPITAL:  1 I Inpetient 2 Eac. DATE OF IN. (Month, Day.)  280. PLACE OF it building, etc.	R AS A CONSEQUENCE	OF):  26. I OTHER: 4 Nursing Ho HUNRY M 1	PLACE OF DEATH (Come 5 Residence AJURY AT ORK?  YES 2 NO	PERFOI  1 YES 2  Check only one)  6 Other (Specify)	INJURY OCCURE	24b. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Sequentially list conditions, if emy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	L HOSPITAL:  1 I Inpetient 2 Eac. DATE OF IN. (Month, Day.)  280. PLACE OF it building, etc.	eth but not resulting  ER/Outpetient 3 □ DOA  JURY 28b. Ti (ber) 18  INJURY — Al home, farm, c. (Specify)  y knowledge, death occur	28. I OTHER: 4   Nursing Ho ME OF W 1   , street, factory, off	PLACE OF DEATH (Come 5   Residence AUDINY AT ORK?  YES 2   NO lice	PERFOI  1 YES 2  Check only one)  5 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)	AND NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINOIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if emy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	L HOSPITAL:  1 I Inpetient 2 E E Building, etc dispets of examinate on the best of my MINER: On the best of examination of the best of the building of the building of the best of the building.	eth but not resulting  ER/Outpetient 3 □ DOA  JURY 28b. Ti (ber) 18  INJURY — Al home, farm, c. (Specify)  y knowledge, death occur	28. I OTHER: 4   Nursing Ho ME OF W 1   , street, factory, off	PLACE OF DEATH (Come 5   Residence AUDINY AT ORK?  YES 2   NO lice	PERFOI  1 YES 2  check only one)  6 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  ie to the cause(s) and make time, data and place, as	INJURY OCCURE  and Number or Ri  nner as stated, and dus to the cau	24b. WERE AUTOPSY FINOIN ANALIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

3. TIME OF DEATH

5:50

10d. INSIDE CITY 1 X YES 2 - NO

8. BIRTHPLACE (State or Foreign Country)

2. DATE OF DEATH MONTH DAY

September 13

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RUTH

CARLYN

1 -

-
90
7
68760
×
BOX
$\mathbf{\omega}$
-
Ų.
P.O.
10
8
~
7
X
M
~
VITAL RECORDS,
7
-
-
OF
_
Z
NO

- 1	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O			8. BIRTH	PLACE (State or For
	214-46-301	0	1 🗌 M 2 🗶 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 6-19	05	Mar	vland
	9a. FACILITY NAME (If not	institution, give	street and number)			9b. CITY,	TOWN (	OR LOCATIO	ON OF DE	ATH	100	9c. COUN		
DIRECTOR	Memorial H	ospita	1			C	umb	erlar	nd			A11	egan	y
	10e. STATE	10b. COUN			10c. CITY,	TOWN O	R LOCAT	TION						10d. INSIDE CITY
	Maryland	Alle	egany		Cum	ber.	lan	d						1 X YES 2 -
1	10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
FUNEHAL	423 Fay	ette	Street					215	502				US	A
פו רטי	11. MARITAL STATUS 1 Never Married 2 [ 3 📉 Widowed 4 🗌 Dh	-	FORCES?	NT EVER IN U.S., A 1 YES 2 X WAR OR DATES	RMED NO	H	yes, sp			n, Puarto Ri	(Specify Yea can, atc.)	or No—	14. RACE Black Specif	- American India , Whita, etc. White
3	15. DE	CEDENT'S ED	UCATION de completed)		DECEDENT'S U				ara .	16b. I	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elemantary/Secondary		College (1-4 or 5	- 1	fe. Do NOT use	retired.)	uning me	or or works	9					
	12		2	Ho	usew	ife				I	omes	tic		
3	17. FATHER'S NAME (First,	111111111111111111111111111111111111111						16. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden	Surneme)		
n n	Irvin	g Ros	senbaum					Ec	lna	Lic	hten	stei	n	
	19a. INFORMANT'B NAME	(Type/Print)			19b. MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Numbe	r, City or Town	n, State, Zip	Code)	
2	Jon Mill	enso	n		60A	Her	ita	ge I	Hill	Rd.	New	Cana	an,	CT 0684
	20a. METHOD OF DISPOS 1 De Burlal 2 Cremet		moval from State	20b. PLAC	E AND DATE	OF DISPO	SITION	(Name		DATE	20c. LO	CATION — C	City or To	wn, State
-	Donation 5 - Oth			_ Eas	tvie	W C	eme	tery		9/16	Cum	berl	and	, MD
		3XXX	AL	take	)			le,		1 of 215		HII	10	MOI tua
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in dasth)	heart fallure	s. List only one ca	at caused the duse on each li	na.	L of enter	a Va	le,	MD	215	02			Approxima
FULLICATION	shock, or IMMEDIATE CAUSE (F disease or condition	itions, ledieta	s. DUE TO	roke	EQUENCE OF	Loot enter	a Va	le,	MD	215	02			Approxima
	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events	ilitions, sedieta YinG jury	b. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	O (OR AS A CONS	EQUENCE OF	Loot enter	a Va	1e,	MD ing, auci	215	O 2 ac Dr reapi	iratory arm	est,	Approxima interval Be Onset and Onse
JAN: MEDICAL	shock, or immediate cause (r disease or condition resulting in death)  Sequentially list condition cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of the cond	heert fallure	b. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	O (OR AS A CONS	EQUENCE OF	Loot enter	the moderlyin	1e, de of dy	MD ing, auci	215	O 2 ac or reapi  24a. WAS AN PERFOR	AUTOPSY	est,	Approximinterval Boonset and Onset a
JAN: MEDICAL	shock, or immediate cause (F disease or condition resulting in death)  Sequentially list condition cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of the cond	heert fallure	b. DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS D deeth but no	EQUENCE OF	ot enter  ):  n tha un  OTHEF 4   Num	the modernying deriving the modernying deriving the modern derivin	1e,  de of dy	MD ing, auci	Part I.	O 2  ac or respi  24a. WAS AN PERFOR 1  YES 2	AUTOPSY	24b	Approximinterval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	shock, or immediate Cause (F disease or condition resulting in death)  Sequentially list condition cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of the cause of the	heert fallure	b. DUE TO	O (OR AS A CONS O (OR AS A CON	TODA  28b. TIMI	OTHER	derlyin  26. P  1: 1: 28c. IN  WM  1   1	1 e , de of dy	MD ing, auci	Part I.	O 2  24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW I	AUTOPSY THEORY NO	24b	Approximinterval B Onset and Onset and  WERE AUTOPSY F AMALABLE PRIOR OF COMPLETION OF OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL	shock, or immediate cause (f disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition (see the condition cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the condition of the condi	ittions, sedieta ying jury asT To MEDICAL	b. DUE TO  C. DUE TO  d. DONS CONTRIBUTING TO  HOSPITAL: 1 A Impatient 2 28e. PAACE (Month,	O (OR AS A COMMO O (OR	TODA  28b. TIMI	OTHER	derlyin  26. P  1: 1: 28c. IN  WM  1   1	1 e , de of dy	MD ing, auci	Part I.  Part I.  eck only one  B Other  261. LOCA	O 2  24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW I	AUTOPSY MED? NO	24b	Approximinterval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or immediate cause (r disease or condition resulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the condition of the cond	itions, edieta ying jury asT Conditions of the c	b. DUE TO  C. DUE TO  d. DONS CONTRIBUTING TO  HOSPITAL: 1 A Impatient 2 28e. PAACE (Month,	O (OR AS A CONS O (OR AS A CON	Tresulting in the property of	OTHER 4 Number of Mary M	derlyin  28. P  1:  28c. IV  1:  Ury officers  1:  The property of the propert	1 e , de pf dy	MD ing, suci	Part I.  Part I.  Cock only one  B Other  28d. DESk.	O 2  ac Dr reapi  24a. WAS AN PERFOR  1  YES 2  (Specify)  CRIBE HOW I	AUTOPSY THE DY NO	24b	Approximinterval Boonset and Onset a
ED BY PHYSICIAN: MEDICAL	shock, or immediate cause (r disease or condition resulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the condition of the cond	ittipns, sedieta ying jury ast conditions.  To MEDICAL  Pending investigation Could not b determined  RTIFYING PHY  EDICAL EXAMI	B. List only one can be called th	O (OR AS A CONS O (OR AS A CON	Tresulting in the property of	OTHER 4 Number of Mary M	derlyin  28. P  1:  28c. IV  1:  Ury officers  1:  The property of the propert	1 e , de pf dy	MD ing, suci	Part I.  Part I.  281. LOCA City of	O 2  ac Dr reapi  24a. WAS AN PERFOR  1  YES 2  (Specify)  CRIBE HOW I	AUTOPSY MED? NO INJURY OCC and Number	24b CURED or Rural I	Approximintarval Boonset and Onset a

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. REGISTMAR'S SIGNATURE

H.C.

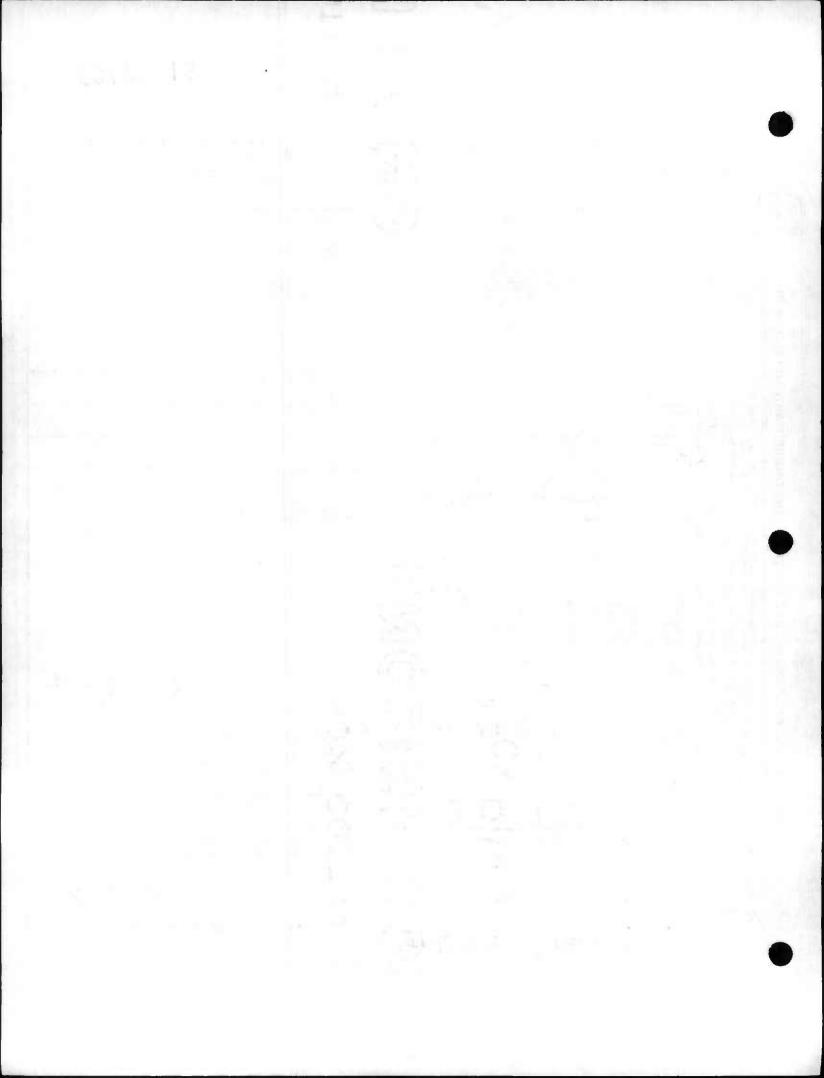
Merrick,

**CERTIFICATE OF DEATH** 

Memorial Hospital Medical Bldg., Cumberland, MD

MILLENSON

e Hills Mortuary apiratory arrest, **Approximate** interval Between **Onset and Death** 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO W INJURY OCCURED set end Number or Rural Route Number, ate) end due to the cause(s) and manner ex stated. 29d, DATE SIGNED (MINIM. Day 21502 DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PHYSIC	R: After this ce	er death with t	is marked,
IAL OR ATTE	AL DIRECTO	72 hours aft	If Item 28
THE HOSPIT	TO THE FUNER.	be filed within	IMPORTANT

BE COMPLETED

2

1. DECEDENT'S NAME (First, Middle, L			ERIIF	ICATE	UF	DEA	П	2. DATE O	REG. NO.	YE		TIME OF DEATH
SAMUEL B.	MURPHY							09-	-22-19	91	(	0319 A. M
4. SOCIAL SECURITY NUMBER 214-05-6448	5. SEX	8. AGE (In yrs. Is	YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 101-0	F BIRTH Day, Year) 14-189	1 0	MD	ACE (State or Foreign
9e. FACILITY NAME (If not institution, of Memorial Hospi						land	ON OF DI	EATH		9c. COUNTY Alle		
RESIDENCE OF DECEDENTION 10s. STATE 10s. CO				ry, town or berla		TON					L_	d. INSIDE CITY LIMITS?
10a STREET AND NUMBER 229 Baltimore		Manor			101	zip cod	E		I	10g. CITIZEN USA		
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S.A. 1 YES 2/2 WAR OR DATES		13. V	f yes, sp			en, Puerto Ric	(Specify Yes o		RACE — Black, W Specify: WN1	American Indian, fhita, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12		(A)	Give kind of le. Do NOT u	work done do not not not not not not not not not no	during mo	st of world			Garage	NESS/INDUST	RY	
17. FATHER'S NAME (First, Middle, Las Charles Arthur									ddle, Malden S	roghan		
190. INFORMANT'S NAME (Type/Print) George A. Murr	ohy			ADDRESS		nd Numbe	r or Rural			, State, Zip Coo		
-20a. METHOD OF DISPOSITION				E OF DISPO			T	9-25	10 1	erland	or Town	legany <sub>MD</sub>
21. SIGNATURE OF FUNERAL SERVICE	DE LICENSEE	pull	1					neral MD 215	Home			
23. PARTI. Enter the diseases, shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ure. List only one ci	ple trai	uma w	rith c					ec or respir	atory arrest,		Approximate Interval Between Onset and Death 2 Weeks
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. DUE TO	O (OR AS A CONS	EOUENCE C	OF):								
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	O (OR AS A CONS	EOUENCE C	OF):								
PART II. Other significent cond	ditions contributing t	o death but not	t resulting	In the un	derlyln	g cause	given in		24a. WAS AN / PERFORI 1 YES	MED?	A CI	ERE AUTOPSY FINDINGS MILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 \( \square\) NO	AOSPITAL:	☐ ER/Outpatient	3   DOA	OTHER 4 Nurr	4:		911	heck only one				

26. PLACE OF OEATH (Check only one) EXAMINER? MOSPITAL: OTHER: npatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28d, OEȘCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 976/91 3:07Pm 1 Natural
2 Accident victim hit by automobile 1 YES THE NO 5 Pending Investiga 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) STICECT 281. LOCATION (Street and Number or Rural Route Number, 200 TODICK Balt Ave Cumb MD 3 Sulcide 6 Could not be 4 Homicide

29a, CENTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my

2 XXMEDICAL EXAMINER: On the

TURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER D 09157 Dpty Med.

ID ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Snow, M.D., 124 W. 3rd Street Cumberland, MD 21502

31. DATE FILED (Month, Day, Year) SEP 2 3 1991 32 REGISTRAR'S SIGNATURE his Davidson

29d. DATE SIGNED (Month, Day, Year)

9/22/91

•

2	ache	ce.
the	e de	1 0
d by	Q P	9
taine	shou	=
96 76	e 2	D 10
nay l	pag.	Ď
9	ector	SO E
Page	- din	Jer
ath.	mera	Ē
ar de	he fe	- ex
afte	JA DE	dica
DOUL	d in	E
24	file fion.	the
thiu	emal	m,
M pe	omp	976
ecute	nd c	atic
9	r to	E
ate b	ysici	E
rtifica	ng ph	the
th ce	HA	10
deal	e att	5
the	nd N	三
tha	th a	any
vires	Sign	\$
		-
ē	been	sho
e law re	has been Dent of	1 23 sho
t: The law re-	cate has been	Item 23 sho
CIAN: The law re-	ertificate has been the State Dent of	or Item 23 sho
HYSICIAN: The law re-	als certificate has been with the State Dent of	ted, or Item 23 sho
IG PHYSICIAN: The law re-	ter this certificate has been ath with the State Deut of	narked, or Item 23 sho
NDING PHYSICIAN: The law re-	3: After this certificate has been a death with the State Dent of	Is marked, or Item 23 sho
ATTENDING PHYSICIAN: The law re-	CTOR: After this certificate has been after death with the State Dent of	28 Is marked, or Item 23 sho
DR ATTENDING PHYSICIAN: The law re-	DIRECTOR: After this certificate has been yours after death with the State Dent of	tem 28 Is marked, or item 23 sho
ITAL DR ATTENDING PHYSICIAN: The law re-	3AL DIRECTOR: After this certificate has been 72 hours after death with the State Dent of	If Item 28 Is marked, or Item 23 sho
OSPITAL DR ATTENDING PHYSICIAN: The law re-	UNERAL DIRECTOR: After this certificate has been thin 72 hours after death with the State Dent of	ANT: If Item 28 Is marked, or Item 23 sho
HE HOSPITAL DR ATTENDING PHYSICIAN: The law re-	HE FUNERAL DIRECTOR: After this certificate has been admiring 72 hours after death with the State Dentr of	ORTANT: If Item 28 Is marked, or Item 23 sho
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 70 hours after death with the State Dent of Health and Mental Horlene brior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DONNA	irst, Middle, Last)			N	OE .			H	2. DATI	OF DEATH	3 1	9 <b>51</b>	3. TIME OF DEATH 5:35 A
222–52–619		5. SEX 1  M 2 F	8. AGE (In yrs. lest birthday) 32 YRS.		F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 03–17–59			6. BIRTHPLACE (State or Foreign Country) Elkton, Md.			
De. FACILITY NAME (If no	t Institution, give s	street and number)					OR LOCATIO	ON OF DE			9c. COU	INTY OF C	
RD 216 P	291F				Mi.	llin	gton	ų.	4			Kent	
loe. STATE Maryland	Kent	Υ			ry, town o		TION						10d, INSIDE CITY LIMITS? 1 YES XX NO
10e. STREET AND NUMBER	ER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX RD 2	6 Rt :	291 E		101	2165				USA		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 23 3 Widowed 4 D			IT EVER IN U.S. YES 20 WAR OR DATES	ARMED NO		if yes, sp		n, Mexico	en, Puerto	IN? (Specify Ye Rican, etc.)	s or No—	Blac	E — American Indian, ik, White, atc.
Specify Secondary Secondary Secondary	PECEDENT'S EDU only highest grade y (0-12)	ICATION o completed) College (1-4 or 5		Give kind of life. Do NOT to	work done ise retired.)	during mo	st of working	g	16	b. KINO OF BU	wers	DUSTRY	
17. FATHER'S NAME (First		F. Scott	Jr.							Middle, Maide Reed	Sumame)		
Barbara		r (mother								Md. 2		ip Code)	
20n. METHOD OF DISPO	etion 3 🗆 Rem	noval from State	20b. PLA	CE AND OAT	re of olsp y or other p	osition Cap	(Name	Cre	em.0	7E 20c. L	DOVE	City or T	own, State Del.
4 Donation 6 Ot	her (Specify)		_										
21. SIGNATURE OF FUNE	RAL SERVICE LI	Feller	R		Fe P	NAME A	ND ADDRES	ss of FA nera 70 M	Al Ho	ome ington	, Md.	216	351
21, SIGNATURE OF FUNE	diseases, or r heart fellure.	complications the List only one ca	at coused the use on each li	death. Do Ilna.	Fe P not antar	NAME A 110W O. F	ND ADDRES VS FU  BOX 2'  oda of dyl	ss of FA nera 70 M	Al Ho	ome ington	, Md.	216	, T
23. PART I. Enter the shock of immediate Cause (disease or condition resulting in death)  Sequentially list confit sny, leading to immediate cause.	diseases, or r heart fellure.	complications the List only one ca	at csused the	death. Do	re p. not antar	NAME A 110W O. F	ND ADDRES VS FU  BOX 2'  oda of dyl	ss of FA nera 70 M	Al Ho	ome ington	, Md.	216	Approximata
23. PART I. Enter the shock of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list con	diseases, or r heart fellure.	complications the Liet only one ca	and so	death. Do	not antar	NAME A 110W O. F	ND ADDRES VS FU  BOX 2'  oda of dyl	ss of FA nera 70 M	Al Ho	ome ington	, Md.	216	Approximata
23. PART I. Enter the shock of immediate Cause (disease or condition resulting in death)  Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events	diseases, or r heart fellure.	complications the Liet only one can be out to can out t	and so o or as a con-	death. Do lina.	not antar	NAME A 110W O. F r tha mo	ND ADDRES S FUI SOX 2 Doda of dyl	ss of FA	ACILITY A1 Ho Mill:	ome ington rdlac or res	, Md .  Diratory as	216	Approximata Interval Batw Onset and Donest a
23. PART I. Enter the shock of immediate condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L  PART II. Other signif	diseases, or r heart fellure. Final  dittons, mediata LYING njury AST	complications the Liet only one can be out to can out t	and so o or as a con-	death. Do lina.	not antar	NAME A 110W O. F r tha mo	ND ADDRES S FUI SOX 2 Doda of dyl	ss of FA	ACILITY A1 Ho Mill:	ome ington rdiac or res	, Md .  Diratory as	216	Approximata Interval Betw Onset and Donest a
23. PART I. Enter the shock of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confit smy, lasding to improve the subsection of the smy, lasding to improve the smy lasding to improve the smy lasding to improve the smy lasding to improve the smy lasding to improve the smy lasding to improve the smy lasding to improve the smy lasting in death) L  PART II. Other significant in the smy lasting in death) L  25. WAS CASE REFERRE EXAMINER?	diseases, or r heart fellure. Final  dittons, mediata LYING njury AST	complications the List only one call.  SMOKE  B. DUE TO  OUE TO  d	and so of the second of the se	death. Do line.	not antari hala: OF):	NAME A 110W O. F. r tha more tion:	ND ADDRESS FUNDON STATE OF OR ADDRESS AND	SS OF FA	1 Homel And Andrews An	24a. WAS A PERFC 1 (2) YES	, Md .  Diratory as	216	Approximata Interval Batw Onset and Donest a
23. PART I. Enter the shock of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list con if sny, lasding to imccause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L  PART II. Other significance of the control	diseases, or r heart fellure.  Final  dittons, mediata LYING njury  AST  Conditions  O TO MEDICAL	complications the List only one call.  SMOKE  a. DUE TO  DUE TO  OUE TO  d	and so of or as a control of or a control of or a control of or a cont	death. Do line.  Out in secuence of secuence of resulting of resulting 1 3 DoA 28b. Till	22. Fe p not antar	ndertyin  26. P  R: rsing Hor	ND ADDRESS FUNDON STATE OF OR ADDRESS AND	SS OF FA	ACHITY A1 HC Mill: ch as cs  Part I.  heck only 6 □ OH 28d. D	Ington rdiac or res	N AUTOPSYDAMED?	216 rrest,	Approximata Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the shock of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list con if any, lasding to imccause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L  PART II. Other significations of the significant of the sign	diseases, or r heart fellure.  Final  dittons, mediate Living injury  AST  Condition of the mediate Living injury  AST	complications the List only one call.  Smoke  a. DUE TO  b. OUE TO  d	and so of or as a control or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control or as a control of or as a c	death. Do line.	orne of the unit o	ndartylm  26. P  R: reling Hor  28c. N  1	ND ADDRESS FUNDAMENTAL PROPERTY OF THE SECOND SECON	SS OF FA	Part I.	24a. WAS A PERFO 1 (XYES	N AUTOPSY PRIMED?  2 NO  INJURY OF	216 rrest,  24 ccured lise for or Rural	Approximata Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the shock of immediate Cause (disease or condition resulting in death)  Sequentially list confit single list	diseases, or r heart fellure.  Final  ditions, metring final fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.  Final  ditions for heart fellure.	Complications the List only one call.  SMOKE  B. OUE TO  C. OUE TO  d	and so of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control or as a contro	death. Do line.  Out in SEOUENCE ( SEOUENCE	orhic at the control of the control	ndertyin  26. P  R: rsing Hor  28c. IN  28c. IN  1   ctory, officered, date	ND ADDRES  S FUI  BOX 2  Date of dyl  G Cause 6  LACE OF 0  TO THE S AT THE STATE OF THE STATE O	SS OF FA  NETS  TO N  Ing, suc	Part I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.	24a. WAS A PERFO 1 (Z/YES 1 (Z/YES 1 (Z/YES 2) Orne) DESCRIBE HOW CTIM OF 216 R 216	N AUTOPSYPRIMED?  INJURY OF E hour and Number of the control of th	216 rrest,  24 ccured ise for or Rural 1E,	Approximata Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the shock of immediate Cause (disease or condition resulting in death)  Sequentially list confit single list	diseases, or r heart fellure.  Final  dittons, mediata LYING njury  AST  Could not be detarmined  ERTIFYING PHYSIEDICAL EXAMIN	complications the Liet only one call.  Smoke a	and so of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control of or as a control or as a contro	death. Do line.  Out in SEOUENCE ( SEOUENCE	orhic at the control of the control	ndertyin  26. P  R: rsing Hor  28c. IN  28c. IN  1   ctory, officered, date	ND ADDRES S FUI SOX 2 Data of dyl  LACE OF O THE SX Re JURY AT ORK? YES 2 C The same place a and place death occur 29c. LICI	SS OF FA  NETS  TO N  Ing, success  given in  BEATH (C)  Beldence	Part I.  Part I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.  Pert I.	24a. WAS A PERFO 1 (Z/YES 1 (Z/YES 1 (Z/YES 2) Orne) CATION (Street) or Town, Stat 2 (2 f R R) ause(a) and m	N AUTOPSY PRIMED?  2 NO  INJURY OF E hour and Number of the control of the contro	216 Trest,  24  CCURED ISE f  OTE,  ated.  The cause  ITE SIGNE	Approximata Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

Tark 1.

3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeroir, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 2, 3, 4, 1, 2, 4, 1, 2, 1, 2, 1, 3 BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Frank

J.

**39** 20 91

FOR	STATE OF W	ARVI AND /	/ DEPAI	PTMENT OF	C UEAITU A	wn w	MENTAL HYGIEN	91	21	6742
- STATE REGISTRAR	SIVIE OF III	CI	ERTIF	ICATE C	F HEALIH A	H	MENIAL HYGIEN REG. NO.			
DAVID				NOE			2. DATE OF DEATH MONTH 9	AY	991	3. TIME OF DEATH 5:31 A
4. SOCIAL SECURITY NUMBER 219-78-6154	5. SEX	6. AGE (in yrs. las	st birthday) YRS.	IF UNDER 1 YEAR		HRS.	7. DATE OF BIRTH (Month, Day, Year) 02-28-58		8. BIRTN	NPLACE (State or Foreign
Se. FACILITY NAME (If not Institution, give st				9b. CITY, TOV	VN OR LOCATION	OF DE		Da- 001	INTY OF D	
RD 216 Rt. 291E				and the same	illingto		VID.		Kent	
10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland Kent			Mi	llingto	on					LIMITS?
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
	RD 216 R	tt 291E			21651				USA	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 N		If yes,	, specify Cuban, I	HISPANIC Mexican, Specify:	C ORIGIN? (Specify Yea , Puarto Rican, atc.)		14. BACE	E — American Indian, k, White, atc. hy: White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OCCUPA work done during	ATION		16b. KIND OF BUS	INESS/IN	DUSTRY	11444 00
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	se retired.)	Mechan	nic	Mechar	nical	L	
17. FATNER'S NAME (First, Middle, Leet) Dav	rid R. Noe	)					E (First, Middle, Maiden : Jackson	Sumame)		
Nancy J. Coliburn	(mother)	19t B(	b. MAILING DX 63	ADDRESS (Streets)  One of the control of the contro	ton, De	Rural Ro	oute Number, City or Town	n, State, Zij	p Code)	
20a. METNOD OF DISPOSITION 1 □ Burlet AN Cremation 3 □ Remo	oval from State	20b. PLACE A	ANDDATEC	OF DISPOSITION	I (Name of			CATION —	City or To	wn, Siste
PLANS BOWERAL SERVICE LICE	Fel	low		Fello	ows Fune	of faci			_	51
23. PART I. Enter the diseases, or c	omplications that	ceused tha da	ath. Do n	not antar the	mode of dying	, auch	as cerdisc or respir	ratory ar	rest,	Approximate
immediate cause (Final disease or condition resulting in death)	e. Smo	oke and	soot	inhala						Interval Between Onaet and Death
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEO								
resulting in daeth) LAST	1,									
PART II. Other algnificant conditions	contributing to d	aath but not re	esulting in	n the undarly	ing cause give	en in Pr	Part I. 24a. WAS AN / PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
				-24						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	PLACE OF OEAT		ck only one)			
27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day, 9-8-9)	r, Year)	3:22	URY	INJURY AT WORK?  YES 2 XN		Victim of			ire
3 Suicide S Could not be determined	28a. PLACE OF building, at HOUSE		ne, ferm, ef	treet, factory, of	fice	2	28t. LOCATION (Street ar City or Town, State) RD 216 Rt	nd Number	or Rural A	Millington,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of m	y knowledge, der minetion and/or i	ath occurre	d at the time, d	ets and place, an	nd due to	o the cause(a) and mann	ner as stat	ted.	MD
29b. SIGNATURE AND THE OF CERTIFIER	111				29c. LICENSI	SE NUMB		29d. DAT		(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEN	A 27) (Type,	Print)	_ CCI	1112			J-J-5	71

Penn St., Balto., MD

21201

10

Marting and and was

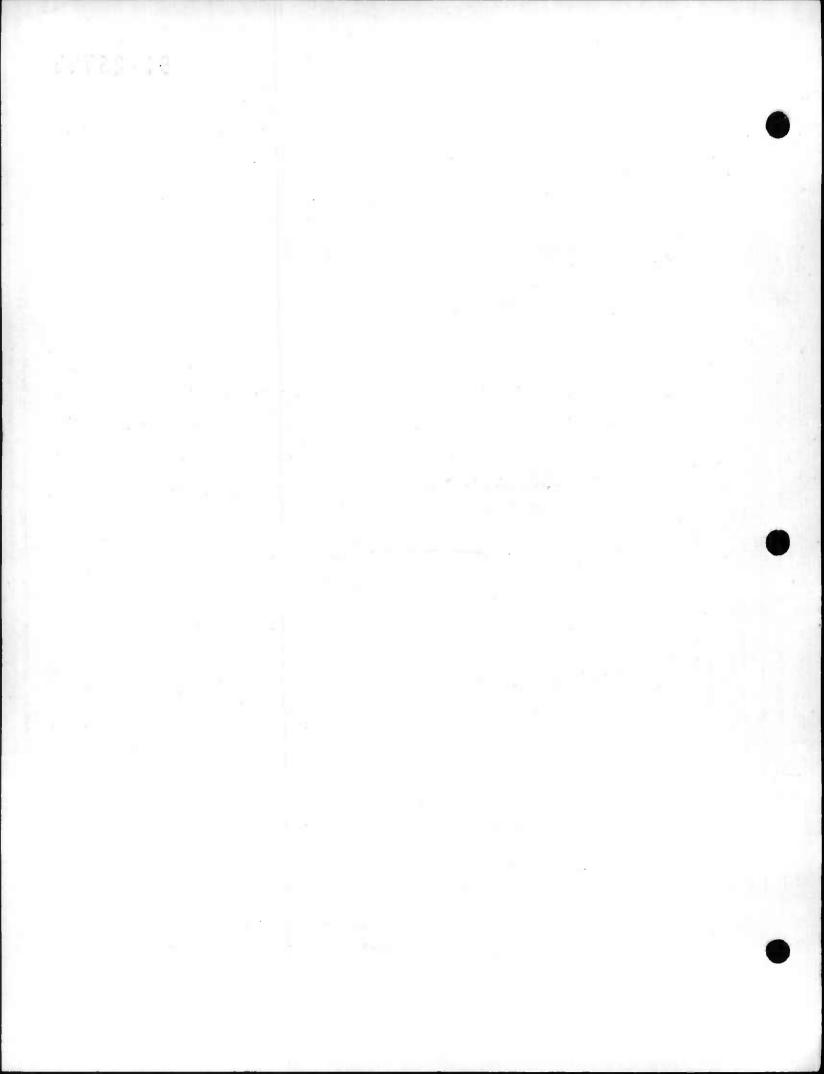
5 A.

- 20		_
*	5	
į	1	
8		do
1		
3	į	
ane	5	
10	3	
- Com	5	
9		
£		
2	1	
130	8	
j	5	
3		
ach		
P		-
ě		1
uld		9
sho		2918
2		-
age		1
0 3		-
Cto		-
dire		
Ta la		
une		
9	10	
E A	9	6.0
d L	ē	7
P	ō	E
1111	ion.	2
tely	та	
ple	Crei	5
000	al.	4
b	Pur	-
8	9	Ë
icia	10	-
SE	d.	1
0 0	ien	4
igi	Hyd	1
rtte	tal	0
9	Nen	5
y th	P	, u
Q p	a	Z
gne	ahth	0
S	분	DIAM
eer	0	ch
3S b	te Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	om 23 chance any influer or other traumatic avent the medical aventines must be nested as according
, ha	e D	E
200	466	- 2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	et l	C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO	).		
	eston Nitz	zell						2. DATE MONTH Sep		0 1	YEAR 991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)		1 YEAR	IF UNDER		7. DATE	OF BIRTH	Ī	a. BIRTI	IPLACE (State or Foreign
214-09-6128	1 XM 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	1901	Hage	rstown, M
9e. FACILITY NAME (If not institution, giv	street end number)			9b. CITY	r, TOWN (	OR LOCATIO	ON OF OE		. 50,	9c. COUN		
Washington Cour	tv Hospita	1		T	lager	stow	m			Wash		
RESIDENCE OF DECEDENT					age.	D COW	11			Iwasii	THE	.011
	•••		1	Y, TOWN		ION						10d. INSIDE CITY LIMITS?
	ashington		Bo	onsb	oro							1 YES 2 NO
10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITI	ZEN OF	VHAT COUNTRY?
Fahrney-Keedy Ho							217	13			U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	RMED NO		If yes, sp	ENDENT O	n, Mexicar	, Puerto R	? (Specify Ye lican, etc.)	or No-	14. RACI Black Spec	•
15. DECEDENT'S E	DUCATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16h.	KIND OF BU	SINESS/IND	USTRY	White
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of te. Do NOT u	work done se retired.)	during mo	st of working	g	1				
			Senio	r Pr	oduc	tion	Eng		Par	ngbor	n	
17. FATHER'S NAME (First, Middle, Last)									liddle, Maiden			
Albert Clift	on Nitzell								ay Ba			
19a. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS	S (Street e	nd Number	or Rural R	oute Numb	er, City or Tow	n State 210	Code1	
Dr. Robert P.	Nitzell											01770
20a, METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Re		20b PLACE	AND DATE	DITT	E UT	eek	Koad	Ha		CATION —		21740
1 ∐XBuriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, ci	rematory or o	ther place)			0	1				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE **	Lyest	Have			TY ID ADDRES	Se		24 H			
S. 71	m	-	11					I'I.	innic			
scock.	or un	nee		4	15 E	. Wi	1son	B1v	d. Hag	gerst	own,	Md. 2174
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b	OR AS A CONSE	EQUENCE O	F):								
resulting in death) LAST	d											
PART II. Other significant condition	ons contributing to a	eeth but not	resulting	n the un	derlying	ceuse g	iven in F		24n. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:	Santaini		OTHER		ACE OF DE	ATH (Che	ck only one	)			
1 YES 2 NO	1 □ Inpatient 2 □ E					6 🗆 Res	idence (	☐ Other	(Specify)			
1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	Year)	26b. TIM	URY	28c. INJU	RK?	0.1	26d. DE\$(	PIBE HOW I	NJURY OCC	UREO	
2 Accident Investigation				М		ES 2 🗌	-					
3 Suicide a Could not b. 4 Homicide determined	28e. PLACE OF building, et	inJURY — At he c. (Specify)	ome, ferm, s	treet, fact	ory, affice			281, LOCA City or	TION (Street of Town, State)	and Number o	or Rural R	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of m	y knowledge, d mination end/or	eath occume	nd at the ti	me, date pinion, de	end plece, eath occure	end due t	o the caus	e(s) end mer	nner ee atate	d. cause(s)	end menner ee state
296. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
12190	mlas					12	145	7		191	23	19,
30. NAME AND ADDRESS OF PERSON WAS ABOUL WAY	PED MD	OF OEATH (ITE	M 27) (Type,	Print)	11 4	16.	HA	GER	stown	- N	-/	1740
31. DATE FILED (Month, Day, Year) SFP 24 19	32. REGISTRAR							-			٠- ا	. (

1. DECEDENT'S NAME (First, Middle, Last) Charles	Alı	phonsa		NEEDY			2. DATE	t. 15	199	1 YEAR	3. TIME OF DEATN 11:00P.	
4. SOCIAL SECURITY NUMBER 217- 12- 2175	5. SEX	8. AGE (In yrs. lest bir	rthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	OF BIRTH h, Day, Year) 12,191	5	Count	PLACE (State or Foreign ry) Sboro, Md.	
9a. FACILITY NAME (If not Institution, give a 423 N. Main				96. CITY, TOWN Boons!		ON OF DI	EATN			hing		
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Y	1	l0c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY	
Maryland W	ashington	n	Вос	onsboro							LIMITS?	
423 N. Main S	t.			1	2171	3			10g. CIT	U. S. A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		D	If yes, s	CENDENT ( pecify Cubs S 2 X NO	n, Mexica	in, Puerto	Y? (Specify Yea Ricen, stc.)	or No-	Blac	E — American Indian, k, White, etc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give I	kind of v NOT us	USUAL OCCUPAT work done during in se retired.)	oat of world			. KIND OF BUS				
17. FATNER'S NAME (First, Middle, Last)  Jacob Griffith	Needv	] EXIC	DOT.	ve Techr	18. MOT	HER'S NA	ME (First,	Constr Middle, Malden va Hal	Surname)	on		
19a. INFORMANT'S NAME (Type/Print) Gladys B. Needy				ADDRESS (Street	and Number	or Runal	Route Num	ber, City or Town	n, State, Z	ip Code) 2171	3	
20e. METNOD OF DISPOSITION		20h PLACE OF	nispos	SITION /Name of o	amelany Ame		CHSD			- City or To		
4 Donation 5 Other (Specify)		Boonsh	orc	o Cemete	ery	9-1	8-91				Md. 21713	
John H. Bas	Holm H	Have ?		22. NAME /				76	06 O	Id N	ational Pi	
23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition)			h. Do n		ST FUI			ME, BO	onsb	oro_	Md 2171 Approximets Interval Betw	
shock, or heert fellure.	a. OUE TO		L C	eus enter the m				ME, BO	onsb	oro_	Md 217: Approximeta interval Betw	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO bue TO d	IDR AS A CONSEQUE	PICE OF	eut	ode of dy	ing, suc	as carr	ME, BO	AUTOPSY	OFO,	Approximeta interval Betwoonset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest a	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Which is the condition of t	B. DUE TO	ISE ON ESCH line.  HAT STORY HOW AS A COMSEQUE TOR AS A COMSEQUE death but not result.  Cancer	ENCE OF	in the underlyi	ode of dy	given in	Part I.	diec or reapi	AUTOPSY	OFO,	Approximeta interval Betwo Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  PART II. Other algnificant condition  EXAMINER?  1 VES 2 NO	BUE TO  BUE TO	deeth but not result Cance	I C DIVISION OF THE PROPERTY O	in the underlying the number of the second o	ng ceuse	given in	Part I.	diec or reapi	AUTOPSY	rrent,	Approximeta interval Betwo Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Which is the condition of t	B. DUE TO	daeth but not rest	DOA TIME	in the underlying the first the underlying the unde	ng couse  PLACE OF C  mo 6 D R  JURY AT  ORKY  YES 2 [	given in	Part I.	diec or reapi	AUTOPSY NED?	rrest,	Approximeta interval Betwo Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	BUE TO  DUE TO	daeth but not result Cance	DOA TIME	in the underlying the first the underlying the unde	ng couse  PLACE OF C  mo 6 D R  JURY AT  ORKY  YES 2 [	given in	Part I.	diec or reapi	AUTOPSY RMEO? NJURY O	rrest,	Approximeta interval Betwo Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitered events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Sulcide 6 Could not be detarmined  29a. CERTIFIER (Check only)	BUE TO  BUE TO	daeth but not result Cance  ER/Outpatient 3  ER/Outpatient 3  FINJURY — At home, etc. (Specify)  I my knowledge, death	DOA TIME OF THE PROPERTY OF TH	in the underlying the street, factory, offered at the time, day	ng ceuse  PLACE OF C  THE 6 DR  TORKY  YES 2 [  Ice	given in	Part I.  Part I.  6 Oth  28d. DE	diec or reapi  24a. WAS AN PERFOR  1 YES 2  or (Specify)  SCRIBE NOW I  CATION (Street or rown, State)	AUTOPSY RMED? RMED? RMED? RMED? RMED? RMED?	CCURED cr or Rural	Approximeta interval Betwo Onset and Do Onse	
shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	B. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING  CONTR	daeth but not result. Cance  ER/Outpettent 3   ER/Outpettent 3   FINJURY — At home, etc. (Specify)  Try knowledge, death examination and/or inventions.	DOA DOA TIME NO. 1 occurred to the settle state of the settle stat	in the underlying the street, factory, officed at the time, day on, in my opinion,	PLACE OF Come 6 DR VIORKY YES 2 [code to and place death occurred to the company of the company	given in  peatn (Cr asidence NO	Part I.  Part I.  6  Othe 28d. DE 26f. LOC	diec or reapi  24a. WAS AN PERFOR  1 YES 2  or (Specify)  SCRIBE NOW I  CATION (Street or rown, State)	AUTOPSY MED?	CCURED or or Rural sted.	Approximeta interval Betwo Onset and Do Onse	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Dr. Tanman

191

Dr. 31. DATE FILED (Month, Day, M

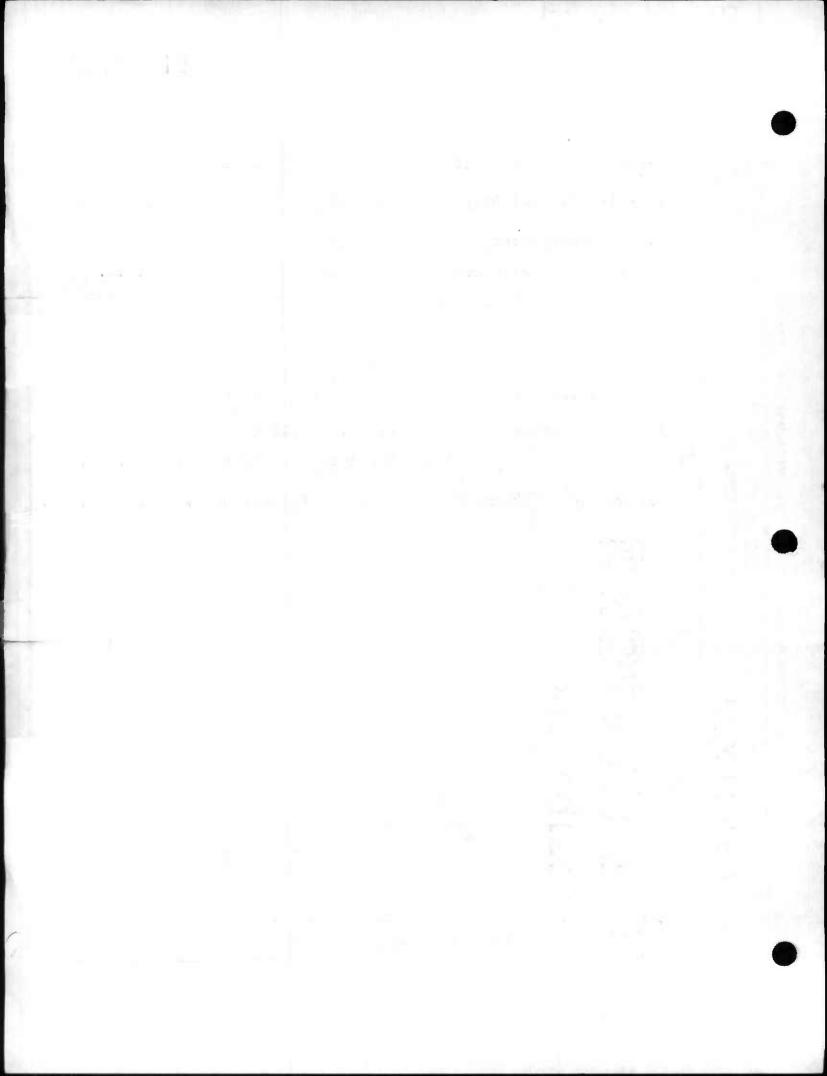
Dorchester General Hospital

32. REGISTRAR'S SIGNATURE

STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).		-
. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Minnie B. O		E (In yrs. lest birthday)	IF UNDER 1 YEAR	1 = 1 = 1 = 1	709 2 7. DATE OF BIFTH	44	9/1/	12:400 fall
214-03-6286	□ M 23€ F		WONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-12-190	8	Count	yland
a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH
Dorchester Gen	eral Hos		Cambr			Do	rch	ester
Md • Dorc	hester		nbridg					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
0e. STREET AND NUMBER				M. ZIP CODE		10g. CIT	ZEN OF N	VHAT COUNTRY?
Mallard Bay N	ureing H	ome	100	21813			U.S	.A.
☐ Never Married 2 ☐ Married	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No—	14. RACI Black	E — American Indian, k, White. atc.
Wildowed 4 Divorced				200			Wh	ite
15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	ork done during m retired.)		16b. KIND OF BU			
7. FATHER'S NAME (First, Middle, Last)	3	Teacl	ier	I as warming		lic	scn	0018
Clarence Jerom	a Dwarm			E	AME (First, Middle, Maide	n Surname)		
Da. INFORMANT'S NAME (Type/Print)	e Brown				arker			
A THE RESERVE OF THE PROPERTY		41.00			Route Number, City or To	wn, State, Zip	Code)	
Mallard Bay Rec		20b. PLACE AND DATE		Maryla		OCATION -	<b>A</b> 11 = <b>T</b>	
OBurial 2 ☐ Creffiction 3 ☐ Remove		of cemetary, crematory of Parsons (			DATE 20c. L	OCATION -	City or It	own, Stata
Donation 5 On par (Specify)			other place,		0/20 0-	9 3 - 1-		202
H BUTHATHER OF EUNERAL SERVICE LICEN	IGEE 1	Parsons (	7		9/26 Sa	lisb	ury	, Md.
H. BIGHATIME OF FUNERAL SERVICE LICEN	ISEE	Parsons (	7	TY		lisb	ury	, Md.
n signature of Funeral Service Licen	Suns	Parsons (	22. NAME A	AND ADDRESS OF FA	ACILITY			
23/PART I. Enter the diseases, of cor	mplications that cause	sed the death. Do no	Boun	ds Fune	ral Home	, Sa	lis	bury, Md
"Suald ()	mplications that cause	sed the death. Do no	Boun ot anter the m	ds Fune	eral Home	, Sa	lis	bury, Md
23 PART I. Enter the diseases, of cor shock, or heart failure. Lie IMMEDIATE CAUSE (Fine) disease or condition	mplications that cause	sed the daath, Do no	Boun ot anter the m	ds Fune	eral Home	, Sa	lis	bury, Md
23 PART I. Enter the diseases, of conshock, or heart failure. List	mplications that cause or	sed the daath, Do no	Boun of antar tha m	ds Fune	ral Home	, Sa	lis	bury, Md Approximete interval Between
23 PART i. Enter the diseases, of cor shock, or heart fallure. Lie immediate Cause (Fine) disease or condition resulting in death)	mplications that cause or	sed the daath. Do not each line.  Cerebral	Boun of antar tha m	ds Fune	eral Home	, Sa	lis	bury, Md
23 PART i. Enter the diseases, of conshock, or heart failure. List immediate CAUSE (Fine) disease or condition resulting in death)  Sequentiely list conditions, if sny, leading to immediate	mplications that cause or at only one cause or	sed the daath. Do not each line.  Cerebral	Boun of antar tha m infarc	ds Fune	eral Home	, Sa	lis	bury, Md
AND AND AND AND AND AND AND AND AND AND	mplications that cause or desired to only one cause or DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF	Boun of antar tha m infarc	ds Fune	eral Home	, Sa	lis	bury, Md Approximete
23 PART i. Enter the diseases, of corshock, or heart failure. List MMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	mplications that cause or desired to only one cause or DUE TO (OR A	sed the dauth. Do not each line.  Cerebral  S A CONSEQUENCE OF	Boun of antar tha m infarc	ds Fune	eral Home	, Sa	lis	bury, Md Approximete interval Between
23 PART i. Enter the diseases, of corshock, or heart failure. List MMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	mplications that cause or desired to only one cause or DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF	Boun of antar tha m infarc	ds Fune	eral Home	, Sa	lis	bury, Md Approximete interval Between
23 PART i. Enter the diseases, of corshock, or heart failure. List immediate CAUSE (Fine) disease or condition resulting in death) a	DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	Boun of antar tha m infarc	ds Fune ods of dying, sur	eral Home chas cardiac or respondent	, Sa	lis	bury, Md Approximete interval Betwee Onset and Des
23 PART i. Enter the diseases, of conshock, or heart failure. List immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	Boun of antar tha m infarc	ds Fune ods of dying, sur	Part I. 24s. WAS A PERFO	N AUTOPSY	lis	DUTY, Md Approximate interval Betwee Onset and Dei Onset and Dei  Malable PROR TO
ASPART i. Enter the diseases, of conshock, or heart failure. List MMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	Boun of antar tha m infarc	ds Fune ods of dying, sur	eral Home ch as cardiac or respection	N AUTOPSY	lis	DUTY, Md  Approximete interval Betwee Onset and Deal Onset and Dea
23 PART i. Enter the diseases, of conshock, or heart failure. List immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	Boun of antar tha m infarc	ds Fune ods of dying, sur	Part I. 24s. WAS A PERFO	N AUTOPSY	lis	DURY, Md  Approximete interval Betwee Onset and Deal Onset and Dea
23 PART i. Enter the diseases, of conshock, or heart failure. List immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions	DUE TO (OR A	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	22. NAME A BOUN of antar tha m infarc	ds Fune ode of dying, sur tion  ng cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY	lis	DUTY, Md  Approximete interval Betwee Onset and Deal Onset and Dea
23 PART i. Enter the diseases, of corshock, or heart failure. Lie disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent conditions.	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  Contributing to death	sed the dauth, Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  the but not resulting in	22. NAME A BOUN of antar tha m infarc	ds Fune ods of dying, sur	Part I. 24a. WAS A PERFC	N AUTOPSY	lis	Approximete interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
AND AND AND AND AND AND AND AND AND AND	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  Contributing to death  Light HOSPITAL:	sed the daath, Do not each line.  Cerebral  S A CONSEQUENCE OF  S A CONSEQUENCE OF  the but not resulting in  Cutpatiant 3 DOA	22. NAME A BOUN of antar tha m infarc line in the underlyie  28. F OTHER: 4   Nursing Ho	ds Fune ode of dying, sur tion  ng cause given in  C VA  PLACE OF DEATH (C	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMED?	lis	Approximete interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
AND CASE REFERRED TO MEDICAL EXAMINER?  1. Enter the diseases, of core shock, or heart failure. Lie is sease or condition resulting in death)  2. PART II. Other significent conditions.  2. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2   NO	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  Contributing to death	sed the daath. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  the but not resulting in the but no	22. NAME A BOUN of antar tha m infarc linfarc	ds Fune ode of dying, sur tion  rg cause given in  C A  PLACE OF DEATH (C)  me 5   Residence HORKY AT	Part I. 24s. WAS A PERFC. 1 YES	N AUTOPSY PRMED?	lis	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
AS PART i. Enter the diseases, or conshock, or heart failure. Lie is shock, or heart failure. Lie is sease or conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other significent conditions  PART II, Other significent conditions  St. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)	sed the daath. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  The but not resulting in the but no	22. NAME A BOUN of antar tha m infarc list in the underlyis  28. F OTHER: 4 □ Nursing Ho OF 28c. F W 1 □	ds Fune ode of dying, sur tion  rg cause given in  C VA  PLACE OF DEATH (C)  TORK?  YES 2 NO	Part I. 24s. WAS A PERFC 1 YES heck only one)  a Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY PRIMEO?	lis rest,	Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
AND PART I. Enter the diseases, of corshock, or heart failure. Lie disease or condition and the second seco	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)	sed the danth. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  The but not resulting in the but no	22. NAME A BOUN of antar tha m infarc list in the underlyis  28. F OTHER: 4 □ Nursing Ho OF 28c. F W 1 □	ds Fune ode of dying, sur tion  rg cause given in  C VA  PLACE OF DEATH (C)  TORK?  YES 2 NO	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED?  2 NO  INJURY OC	lis rest,	Dury, Md Approximate interval Betwee Onset and Dea
23 PART i. Enter the diseases, of conshock, or heart failure. Lie disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other significent conditions.  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  17. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accidant Investigation 3 Suicide 6 Could not be determined	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)	sed the daath, Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  but not resulting in  but not resulting in  cutpatiant 3 DOA  TY 26b. TiME  INJ.  LIFY — At home, farm, st  pocify)	22. NAME A BOUN of antar tha m infarc line	ds Fune ode of dying, sur tion  reg cause given in  C A  PLACE OF DEATH (C)  THE S A Residence TORKY  YES 2 NO	Part I. 24a. WAS A PERFO 1 YES heck only one)  a Other (Specify)  28t. LOCATION (Stree City or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OC	11s rest,  24i	Dury, Md Approximete interval Betwee Onset and December 1 of the property of t
AND PART I. Enter the diseases, of conshock, or heart failure. Lie is shock, or heart shock fine in the shock of	DUE TO (OR A  DU	sed the daath. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  The but not resulting in the second	22. NAME A BOUN of antar tha m infarc line in the underlyis  26. F OTHER: 4   Nursing Ho OF   28c. N W M   1   Itreet, factory, offi	ds Fune ode of dying, sur tion  rg cause given in  C A  PLACE OF DEATH (C)  me 5   Residence to and place, and du te and place, and du	Part I. 24s. WAS A PERFO 1 YES heck only one)  a Other (Specify)  28d. DESCRIBE HOW Chy or Town, State to the cause(a) and me	N AUTOPSY PRMED? 2 NO INJURY OC	11S rest,  244	Approximete interval Betwee Onset and Decider of Death of Completion of Cause of Death?  1 Yes 2 No
ART II. Enter the diseases, or conshock, or heart failure. Lie MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, for sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  PART II. Other significent conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  9e. CERTIFIER 1 CERTIFING BHYSICI	DUE TO (OR A  DU	sed the daath. Do not each line.  Cerebral  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  The but not resulting in the second	22. NAME A BOUN of antar tha m infarc line in the underlyis  26. F OTHER: 4   Nursing Ho OF   28c. N W M   1   Itreet, factory, offi	ds Fune ode of dying, sur tion  rg cause given in  C A  PLACE OF DEATH (C)  me 5   Residence to and place, and du te and place, and du	Part I. 24s. WAS A PERFO 1 YES heck only one)  a Other (Specify)  28d. DESCRIBE HOW Chy or Town, State to the cause(a) and me	N AUTOPSY PRMED? 2 NO INJURY OC	11S rest,  244	Approximete interval Betwee Onset and Determined Betwee On

Cambridge, MD

21613



FOR STATE REGISTRAR

1 -

	ENA M	Lena May	T12				DATE OF GEATH	23	GEAR	61:
1	4. SOCIAL SECURITY NUMBER 168-34-1385	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 1	YEAR IF UNDER	24 HRS. 7. MIN. TO	Month, Day, Year)	10/2	B. BIRTHP	ersbu
1	9a. FACILITY NAME (If not institution, give		48	Sh CITY T	OWN OR LOCATIO		c. 29,			
Æ	Washington Count						4		JNTY OF DE	
DIRECTO	RESIDENCE OF DECEDENT			па	gerstow	11		was	shingt	con
RE	10a. STATE 10b. COUNT	Υ	10c, CI1	Y, TOWN OR	LOCATION				1	10d. INSIDE (
	Maryland	Washington	Вс	onsbo	ro				1	1 YES 2
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	TIZEN OF WH	AT COUNTR
NA I	7602 Sharpshurg	Pike				713			U.S.A	1.
F	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WA	S DECENDENT OF	F HISPANIC C	RIGIN? (Specify	Yes or No-	14, RACE - Black.	- American I White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		YES 2 NO	Specify:	, , , , , ,		Specify:	:
8	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF	I ICINECC/IN	Whi	<u>lte</u>
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dun	ing most of working	g	IOU. KIND OF	OSINESS/IN	DOSTRI	
릴	12		Homen	naker						
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	ER'S NAME (	First, Middle, Maid	en Surname)		
BEC	Solomon Sollent	erger					la But			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	itreet and Number				p Code)	
F	Solomon Sollenb		Rt. 1				sport,			
	20a, METHOD OF DISPOSITION 1 [XBurlal 2   Cremation 3   Ram	poval from State	b. PLACE AND DATE						City or Town	n, State
	4 Donation 5 Other (Specify)		metery, crematory or o	enar placa)		į.				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- /	22. NA	ME AND ADDRES	S OF FACILIT	Y Minn	ich F	ineral	Unma
	> Scott	Mon	mech	415	E. Wil:	con Ri			lnerar	
17		h MASSI	A CONSEQUENCE OF		Entes 4	in (	Domi	4		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c. DUE TO (OR AS /		one o		FAAC A	TION "	2164	1	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c. MASIV  DUÉ TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	E SUH A CONSEQUENCE O	ente	344	Ant	my	2164	T	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS /	E SUH A CONSEQUENCE O	ente	344	Ant	[1. 24a. WAS	IN AUTOPSY	24b. W	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	d. DUE TO (OR AS A DUE TO (OR	E SUH A CONSEQUENCE O	ente	344	Ant	[1. 24a. WAS	IN AUTOPSY ORMED?	24b. W	WAILABLE PRI COMPLETION ( OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E SUH A CONSEQUENCE O	ent (	344	An 7	I. 24a. WAS / PERF 1 _ YES	IN AUTOPSY ORMED?	24b. W	WAILABLE PRI COMPLETION ( OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	A CONSEQUENCE OF	OTHER:	344C	ATH (Check o	I. 24a. WAS / PERF 1 VES	IN AUTOPSY ORMED?	24b. W	WAILABLE PRIVAMILABLE PRIVAMILABLE PRIVAMILABLE PRIVAMILATION OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL:	Dut not resulting	OTHER: 4   Nursing E OF   28	344C  riying ceuse gl  26. PLACE OF DE  Home 5 □ Rea  c. INJURY AT  WORK?	ATH (Check o	I. 24a. WAS / PERF 1 VES	IN AUTOPSY DRMED? 2 NO	24b. W	WAILABLE PRI COMPLETION ( OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Septial: 1 Septial: 28e. DATE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF CONS	OTHER: 4   Nursing E OF   28	344C  riying ceuse gl  26. PLACE OF DE  Home 5 - Rea  C. INJURY AT WORK?  - YES 2 -	ATH (Check o	I. 24a. WAS / PERF 1 YES	IN AUTOPSY ORMED? 2 NO	24b. W A A A A A A A A A A A A A A A A A A	WAILABLE PRI COMPLETION ( OF DEATH? YES 2
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1 Superior 2 = ER/Outs  28a. DATE OF INJURY	A CONSEQUENCE OF CONS	OTHER: 4   Nursing E OF   28	344C  riying ceuse gl  26. PLACE OF DE  Home 5 - Rea  C. INJURY AT WORK?  - YES 2 -	ATH (Check o	I. 24a. WAS / PERF 1 YES	IN AUTOPSY ORMED? 2 VNO	24b. W A A A A A A A A A A A A A A A A A A	WAILABLE PROMPLETION OF DEATH?  YES 2
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	MOSPITAL: 1 Appetlent 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spec	Dut not resulting  petiant 3 DOA  280. TIM INJ  T — At home, farm, coty)	OTHER: 4 Nursing E OF 28 URY M 1 street, fectory,	3447.  riying ceuse gl  26. PLACE OF DE  1 Home 5 Rea  c. INJURY AT  WORK?  YES 2 Office	ATH (Check or lidence 5   28d NO   28l	I. 24a. WAS / PERF 1 TYES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, State of	IN AUTOPSY DRMED? 2 NO 2 INJURY OCI 1 and Number	24b. WAACOO	WAILABLE PROMPLETION OF DEATH?
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Spec	Dut not resulting  petiant 3 DOA  28b. TIM INJ  T—At home, farm, today, death occurrences	OTHER: 4 Nursing E OF 28- UNITY M 1 street, fectory,	3447.  riying ceuse gl  26. PLACE OF DE  1 Home 5  Rea  c. INJURY AT  WORK?  WORK?  Office	ATH (Check or lidence 6   28d NO   28l and due to the	I. 24a. WAS / PERF 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, Stellar or Town,	IN AUTOPSY DRMED? 2 NO INJURY OCI	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	WALABLE PROOF PRO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suleide 6 Could not be datarmined  29a. CERTIFIER (Check only MEDICAL EXAMINER)	HOSPITAL:  1 Superlient 2 ER/Outy 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the Control	Dut not resulting  petiant 3 DOA  28b. TIM INJ  T—At home, farm, today, death occurrences	OTHER: 4 Nursing E OF 28- UNITY M 1 street, fectory,	3447.  riying ceuse gl  26. PLACE OF DE  1 Home 5  Rea  c. INJURY AT  WORK?  WORK?  Office	ATH (Check or lidence 6   28d NO   28l and due to the	I. 24a. WAS / PERF 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, Stellar or Town,	IN AUTOPSY DRMED? 2 NO INJURY OCI	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	WALABLE PROOF PRO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Superlient 2 ER/Outy 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the Control	Dut not resulting  petiant 3 DOA  28b. TIM INJ  T—At home, farm, today, death occurrences	OTHER: 4 Nursing E OF 28- UNITY M 1 street, fectory,	riying ceuse gl	ATH (Check or lidence 6   28d NO   28l and due to the	I. 24a. WAS / PERF 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, Stellar or Town,	IN AUTOPSY ORMED? 2 NO I INJURY Oci t and Number e)	24b. WARCON ARCON	WALABLE PRIODOMPLETION OF DEATH?  YES 2 Very result of the Number, and menner a
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined  29a. CERTIFIER (Check only MEDICAL EXAMINER)  29h. SUILING ARD SETTIFIER	HOSPITAL:  1 Superlant 2 ER/Outy 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known)  F. On the best of examination	Dut not resulting  Dut not resulting  Dottor	OTHER: 4   Nursing E OF   28 URY M   1 street, factory, in, in my opini	riying ceuse gl	ATH (Check or aldence 6   28d NO   28l and due to ihi di at the lime,	I. 24a. WAS / PERF 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, Stellar or Town,	IN AUTOPSY ORMED? 2 NO I INJURY Oci t and Number e)	24b. WARCON ARCON	WALABLE PRIOD (OF DEATH?  YES 2 VES 2 VES 1 VES
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suleide 6 Could not be datarmined  29a. CERTIFIER (Check only MEDICAL EXAMINER)	HOSPITAL:  1 Superlant 2 ER/Outy 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known)  F. On the best of examination	Dut not resulting  Dut not resulting  Dottor	OTHER: 4   Nursing E OF   28 URY M   1 street, factory, in, in my opini	riying ceuse gl	ATH (Check or aldence 6   28d NO   28l and due to ihi di at the lime,	I. 24a. WAS / PERF 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street, Stellar or Town,	IN AUTOPSY ORMED? 2 NO I INJURY Oci t and Number e)	24b. WARCON ARCON	WALABLE PROOMPLETION IN TOUR PROOF P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH
ALICE	LEE	P	HILLIPS		September		8:00 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
235-11-0909	1 □ M 2 💢 F	85 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 23, 1	906 WE	ST VIRGIN
Memorial Hospit			Cumber1	or location of Di	EATH	9c. COUNTY OF	
10a. STATE 10b. COL	NTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
WEST VA MI	NERAL	RI	DGELEY				LIMITS?
100. STREET AND NUMBER 47 THIRD AVEN				1. ZIP CODE 26753		USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 N Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1   Y IF YES, GIVE WAR O	ES 2. NO	If yes, s		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		CE — American Indian, ck, White, stc. cdly: WHITE
15. DECEDENT'S I (Specify only highest g	DUCATION rade completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM	work done during m se retired.)  A K F R	ost or working	HOME		
17. FATHER'S NAME (First, Middle, Last)		110/01/2/01	ARLK	10 MOTHER'S N	AME (First, Middle, Maiden	Sumama)	
JOHN W. HOWSA	R F.				C. PROPSI		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	
MARION PHILLI	PS	47 TI	HIRD AV	ENUE -	RIDGELEY	, WV 2	26753
20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 5	temoral from State	20b. PLACE AND DAT	E OF DISPOSITION	N (Name	DATE 20c. LO	CATION — City or	Town, State
4 Donation 5 Other (Specify)		PARSONS				ARSONS,	WV
21. SIGNATURE OF FUNERAL SERVICE	1 Troches	ch)	GEOR	•	CILITY URCH FUNE ST.,CUMBE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF	los	gno	dale	lone	1900 M
PART II. Other aignificant condi	mags	th but not resulting	in the underlying	ng cause given in	Part I. 24a. WAS AN PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28. I OTHER:	PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	128a. DATE OF INJU	Outpetient 3 DOA			6 Other (Specify)	N. H. S. O. O. O. O. O. O. O. O. O. O. O. O. O.	
Natural 5 Pending	(Month, Day, Ye		JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJUHY OCCURED	
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF IN. building, etc.	IURY — At home, farm, (Specify)	street, factory, off	ca	281. LOCATION (Street City or Town, State		I Route Number,
(Orlock Orly)	HYSICIAN: To the best of my I						e(a) and menner as stated.
29b. SIGNATURE AND ATTLE OF CERT	Mille	nhe	New Delay	29c. LICENSE NU D 143		29d. DATE SIGN	ED (Month, Day, 79
Dr. Frederick M		1/		Combo	rland MD	21502	V
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		encre of	., culibe	LIAIRU, PID	21302	
CED 9 9 4004		80 000					

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
i	*	9	#	ı
=	8	P	P	١
ζ	taine	shor	E .	ı
-	e re	(2)	5	l
ĵ	y b	pag	8	l
	Ē	100	nst	ı
	9 90	irec	E	ı
	Pa	a d	ne	ı
1	ath.	- Pun	er traumatic event, the medical examiner must b	ı
	or de	al al	ex	L
•	afte	T VE	ca	Г
	SIN	in a	pol	l
	4 00	Illed n, o	9	ı
	n 2	atio	=	ı
ì	With	plete	ent,	
,	Be	al, c	2	
1	DO O	buri	atic	
	8	to a	Ĕ	
ŀ	e b	sicia	E	
	fical	phy se	9	
	Certi	Sping Name	2	
	ath	al H	9	
-	de	Je al	E	
	T The	T Du	Ξ	
	tha	th a	au	
	ires	sign	2	
	nbau	0	É	
	WE	s be	33	
	he	e Da	E	
	N.	Stat	은	
	CIA	the	6	
	H-SS	nis c	ed,	
	9	55	후 전	
	DIN	Afte	E	
	TEN	The DR	8	
	AT	ECT IS a	E 2	
	- OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ē	
	IA	PA 2	=	
	OSP	UNE IT	퇴	
	EH	A F	틸	
	H	二号	됩	
	2	2 2	=	

	1 - STATE OF MARY REGISTRAR	LAND / DEPARTMENT CERTIFICAT	NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	Helen B	KRAFT (Also Ro	Known As) da	2. DATE OF DEATH DAY 9 - 02 -	year 3. TIME OF DEATH 7:17 a M
	212 16 2260 TEM	70 YRS. MONTH		Apr. 15, 192	8. BIRTHPLACE (State or Foreign Country) Maryland COUNTY OF DEATH
DIRECTOR	Memorial Hospital at Ea	aston	Easton	56.	Talbot
	Maryland Kent  100. STREET AND NUMBER	Rock I	Hall		10d. INSIDE CITY LIMITS?  12 XYES 2 NO
FUNERAL	Haven Road  11. MARITAL STATUS Widowed 12. WAS DECEDENT EVER			(21661)	USA
ВУ	1 Never Married 2 Merried  3 Wildowed 4 Divorced Yes WAAC	2 NO	B. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic  1 YES 2 NO Specif		o- 14. RACE - American Indian, Black, White, etc. Specify. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  1.2	18a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Bookkeeper	e during most of working	166. KIND OF BUSINES Automol	
BE CO	17. FATHER'S NAME (First, Middle, Last)  Donald E. Sta		Helen		
2	198. INFORMANT'S NAME (Type/Print) The Deceased to Willis Wells while living 200, METHOD OF DISPOSITION Burial	P.O. Bo	x # 264 Che	Route Number, City or Town, State stertown, Md.	ie. Zip Code) • 21620
		metery, cremetery or other placed. Eastern V	et. Cem. (9	/5/91) Hurlo	nn — City or Town, Stata OCk, Md.
- 4	· Willis Wes	Na	J. Willis We	11s Chestert	ox # 264 cown, Md. 21620
	23. PART/L Enter tha diseases, or complications that cause shock, or heart failure. List only one cause on dimensional cause or condition resulting in death)  DUE TO (OR AS	d the daath. Do not ante each line.	r the mode of dying, auc	h ss cardiac or respirator	y arrast, Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):			
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death	out not resulting in the u	nderlying causa givan in	Part i, 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)	
BY PHYS	1 VES 2 NO 1 Inpetient 2 ER/Out  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	patient 3 DOA OTHE 4 Nu 28b. TIME OF INJURY M	R: rsing Home 5  Residence  28c, INJURY AT WORK?  1  YES 2  NO	8 Other (Specify) 28d. OESCRIBE HOW INJURY	ОССИЯЕО
		— At home, farm, street, fac city)	tory, office	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the basis of examination	riedge, death occurred at the n and/or investigation, in my	time, data and place, and due opinion, death occured at the	to the cause(a) and manner as time, data and place, and dus	atated, to the cause(s) and menner sa stated,
38 0	29b. STGRANURE AND THELE OF GERSHPIER.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tage Origin)	29c. LICENSE NUN	97 . Þ	DATE SIGNEO (Manth, Daff, Year)
		ston, Maryla	nd		
	SEP 05'91 Julia Davidson				

FULL 16

\_\_\_\_\_

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT (TEM 27) (Type, Print)

1991

Day ason Buguer

FOR STATE REGISTRAR		STATE OF N				HEALTH AND	MENTAL HYGIEN		91	2674	9
1. DECEDENT'S NAME (First,	. Middle, Last)			^	OAIL	DEATH	2. DATE OF DEATH			3. TIME OF DEATH	_
NEL	•	Blanche		Re	CKW	ELL		AY 7	YEAR	1905	N
SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEA		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreig	n
None		1 🗆 M 2 💢 F	94 .95	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 12/30/18	96	Brun	swick, M	)
. FACILITY NAME (If not in	nstitution, give s	atreet and number)			9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COU	NTY OF DE	EATH	
Meridian	Nursir	ng Center			Frede	rick		F	rede	rick	
e. STATE	10b. COUNT			10c. CITY,	, TOWN OR LO	CATION				10d. INSIDE CITY	
Maryland	Howar	rd		Co.	lumbia					1 YES 2 - NO	)
O.O.1 The second						101. ZIP CODE				HAT COUNTRY?	
9901 Evergr	een Av					21046		US			
. MARITAL STATUS  Never Married 2   Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	☐ YES 2 🔀		If yes	DECENDENT OF HISPAI , specify Cuban, Maxico YES 2 X NO Specif		a or No—		- American Indian, Whita, etc. White	
15. DEC	EDENT'S EDU	ICATION	16a, D	ECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	JSINESS/IN	DUSTRY		
(Specify onli Elementary/Secondary (0	ly highest grade 0-12)	College (1-4 or 6	-)	aive kind of wi a. Do NOT use	ork done during retired.)	most of working					
8			Но	usewi:	fe		Но	memak	er		
7. FATHER'S NAME (First, M	fiddle, Last)					16. MOTHER'S NA	AME (First, Middle, Maide				
George Bar	ger			171		Alta Mo	cBride				
a. INFORMANT'S NAME (	Type/Print)						Route Number, City or To				
Mary Hovet							Columbia,				
De. METHOD OF DISPOSIT  Burlel 2 Crematle  Donation 5 Other  SIGNATURE SIGNATURE	on 3 🗆 Rem		VW other E	vlece)	Heigh	ts Cemtery  E AND ADDRESS OF FA	y Bru	nswic	ck, M		_
barbar	a A. V	Villiams,	Funera	1 Dir	. 100	Petersvil	le Rd., Br	unswi	ck.	MD 21716	
23. PART I. Enter the d shock, or h MMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injethat initiated events resulting in deeth) LAS	tions, diate	a	ise on each lin	EOUENCE OF	CULAN CUTIC		on as cardiac or real			Approximate interval Bett Onset and E	wee
ART II. Other algnifica	ant condition	na contributing to	deeth but not	resulting l	n the under	lying cause given in	Pert I. 24a, WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b	. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	) USE
S. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	-20-01		OTHEB:	8. PLACE OF DEATH (C					_
1 TYES 2 NO		1 Inpatient 2		_	4 Mursing	Home 6 - Rasidence			2011022		
	Pending Investigation	28a. DATE Of (Month, I		28b. TIMI INJI	URY	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY O	CURED		
2 Accident 3 Suicide 6 Homicide	Could not be detarmined	26e. PLACE (building	OF INJURY — At I	nome, farm, s	street, factory,	offica	261, LOCATION (Stree City or Town, State	t and Numbe	er or Rural I	Route Number,	
const.							e to the cause(a) and m			a) and manner as stat	led.
196. SIGNATURE AND TITL	E OF CERTIFIE	ER Const	1 ()	1	70	29c, LICENSE NU	IMBER 0587	29d. DA	TE SIGNED	(Month, Pay, Year)	

Tollhouse Avenue, Frederick, MD

21701

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIEN REG. NO.		20130
1. DECEDENT'S NAME (First, Middle, Last) GEOTGE F. R	oloson				2. DATE OF DEATH MONTH 19/ 19	91 YEAR	3. TIME OF DEATH 11:15 A M
	4.4	81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH	) 8. BIR	orthplace (State or Foreign Intry)
R4218 Upper Beckle	ysville Rd.		ы сту, тоwn Hampst	OR LOCATION OF DE ead	ATH	Sc. COUNTY OF Carro	
Maryland 106. COUNTY	Carroll	10c. CITY,	TOWN OR LOCA Hampst				10d. INSIDE CITY LIMITS? V 1 YES 2 1 NO
R4218 Upper Beckle	ysville Rd.		1	of, ZIP CODE	21074	10g. CITIZEN OF	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	. (X) NO	If yes, e	CENDENT OF HISPAN pecify Cuben, Mexice S 2 NO Specify		BI	ACE — American Indian, ack, White, etc. Pecify: White
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		e. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during n	ost of working	Black	& Decke	r
17. FATHER'S NAME (First, Middle, Last)	win B. Roloso	on	341	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
190 INFORMANT'S NAME (Type/Print) Mary H. Robertson				and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	ad, Md. 21074
20a. METHOD OF OISPOSITION 1 X Burlel 2 Cremetion 3 Remova 4 Donation 8 Other (Specify)	20b. Pl	ACE OF DISPOSI	raine P	emetery, crematory or	20c. LO Ra 1	timore	Town, State Mary Land
21. SIGNATURE OF FUNERAL SERVICE LICEN	lyttin	sal	22. NAME / 934	S. Main	St., Hamps	uneral	Home
23. PART 1. Enter the diseases, or constitute. Listing in the cause (Fine) disease or condition resulting in death)		Ina. FBII	UER				Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseas or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO						
PART II. Other significant conditions  ACCTBUR  IN PECT	INDRY ?			ng ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	neck only one)		
	28s. DATE OF INJURY	2Sb. TIME	4 Nursing He	NURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	)
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At nome, term, a	treet, raciory, or		28f. LOCATION (Street City or Town, State		rai noute Number,
one)	AN: To the best of my knowled On the basis of examination a						se(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	) M.P.			29c. LICENSE NU	MBER	≥ 9d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO TO DA V. FAUST		H (ITEM 27) (Type,	1	STEA	o Ma	LYLAN	Q 2/074
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE Pandal					7

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last	RD A	_	ickn		2. DATE C	1 1/2 97	EAR	1300
)	4. SOCIAL SECURITY NUMBER  224-52-5424  90. FACILITY NAME (If not institution, give	1 M 2 🗆 F	YRS.		HOURS MIN.	Oct	F BIRTH B. 2.5 . 1909 3 9c. COUNTY	Vew	
HOL	Anne Arundel	Medical Cen	ter	An	napolis	3	Anı	ne A	rundel
DIRECTOR	Maryland An	ne Arundel		nnapol:	is			1[	d. INSIDE CITY LIMITS? YES 2 X NO
RAL	100. STREET AND NUMBER 2101 River C	rescent Dri	Wo	101.	21401			S . A .	T COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	U.S. ARMEO 2 NO		NOENT OF HISPAN city Cuban, Mexica	n, Puerlo Ri	(Specify Yea or No— 14 can, etc.)		
	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. OECEDENT'S US	SUAL OCCUPATION the done during most retired.)	N t of working	166.	KINO OF BUSINESS/INDUS		6
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +	Mili			1	Defense		
SOS	17. FATHER'S NAME (First, Middle, Last)						iddle, Malden Surname)		
BE	Louis Saylor  19a. INFORMANT'S NAME (Type/Print)	Ruckner	AND MAILING AND	DOBESS (Street or	Marie		erle er, City or Town, State, Zip C	orde) O	7075
5	Rosa Halbert				vette 4			E.s	1217 MD
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Re	moval from State 20b.	PLACE AND DATE O	F DISPOSITION (	(Name	DATE	20c. LOCATION CH	y or Town,	State
	4 Donation 6 Other (Specify)	- 0 V	S. Naval	Acade	MY Cem		17 Annapo.	lis,	MD
	the D.D.	141		Taylo	r Funer	ral (	Chapel St. Annap	214	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			T N			
CER		d							
MEDICAL	PART II. Other eignificent conditi	ons contributing to death be	ut not resulting in	the underlying	cause given in	Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO	CC OF	ERE AUTOPSY FINDIN MILABLE PRIOR TO MPLETION OF CAUS F DEATH?  YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	eck only on	D)		
HYSIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:      Nursing Home	5 Residence	6 🗀 Other	(Specify)		
0	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DES	CRIBE HOW INJURY OCCU	RED	
ED BY	2 Accident Investigatio 3 Suicide 6 Could not 8 4 Homicide datermined	28e, PLACE OF INJURY	— At home, farm, str				ATION (Street and Number of or Town, State)	Rural Rout	te Number,
MPLET	cool	/SICIAN: To the best of my knowl							nd menner as state
8	290 SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			/	hom Day, Year)
TO BE	Michael X-	24 July M	2	1	D 21	43	8 14/	121	71
F	MICHAE J.	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, E	2106 LE	Y AVE	Her	NANNADO	LS /	rd L14d,
	31. DATE FILED SEP 1 6 19	1 File Davids	AT BINDLE			13	9		/

es a company file of the company of  FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

REV.

EMORY JAMES

RICH, JAMES

1 -

'n.	
13146	
~	
m	
•	
×	
BOX	
m	
റ്	
<u>о</u> .	
а.	
- 55	
ഗ	
Œ.	
RECORDS	
C	
Ш	
Œ	
. 1	
7	
VITAL	
L	
OF	
_	
/ISION	
O	
7	
=	

4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 88 1 X M 2 F 217-09-0598 YRS 31 1903 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9h CITY TOWN OR LOCATION OF DEATH CARROLL COUNTY HOSPITAL WESTMINISTER RESIDENCE OF DECEDENT DIRECT Pages 1 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY SEVERNA PARK MARYLAND ANNE ARUNDEL 1 YES 2 NO permit 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE U.S.A. 132 W. EARLEIGH HEIGHT RD. 21146 burial-transit by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 — YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced filled in by the funeral director, page 5 should be detached for use as the on, or removal. BLACK 942-1945 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MINISTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES RICH EMMA JACKSON notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNIE L. RICH 132 W. EARLEIGH HEIGHT RD. SEVERNA PARK, MI pe 20a, METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must CROWNSVILLE, MD. 4 Donation 6 Other (Specify) MARYLAND VETERAN CEMETERY examiner 22. NAME AND ADDRESS OF FACILITY 821 WEST 2 STO1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ANNAPOLIS avry REESE & SONS MORTUARY, medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. Interval Between 9 Onset and Death IMMEDIATE CAUSE (Fine) completely filled rial, cremation, c the disease or condition <u>Dehydration complicated pneumonia</u> 1 day event, resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): and com burial, traumatic CERTIFICATION Sequantielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician a rt. of Health and Mental Hygiene prior to if any, leeding to immediate 8 cause. Enter UNDERLYING certificate CAUSE (Disessa or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 0 the death Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO certificate has be h the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER: 1 X YES 2 - NO 1 | Inpatient 2 X ER/Outpatient 3 | DOA 4 III Nurs Ing Home 5 - Rasidence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY this c 1 X Natural 5 Pending 1 YES 2 NO BY After 1 Investigation 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 ls 6 Could not be datarmined COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL ID TO THE WITHIN 72 H HOSPITAL i, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. AND SITUE OF CERTIFIES 29b. SIGNATUS 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) 포포 D)5905 ▶ 9/12/91 0 30. NAME AND ADDRESS OF PERSON WHO COM TED CAUSE OF DEATH (ITEM 27) (Type, Print, W.D. Richard A. JOnes, Carrol County Hospital 200 Memorial Avenue Westminster Julia Dandon Handis Signature

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RICH

91 26752

3. TIME OF DEATH

10:40

AM

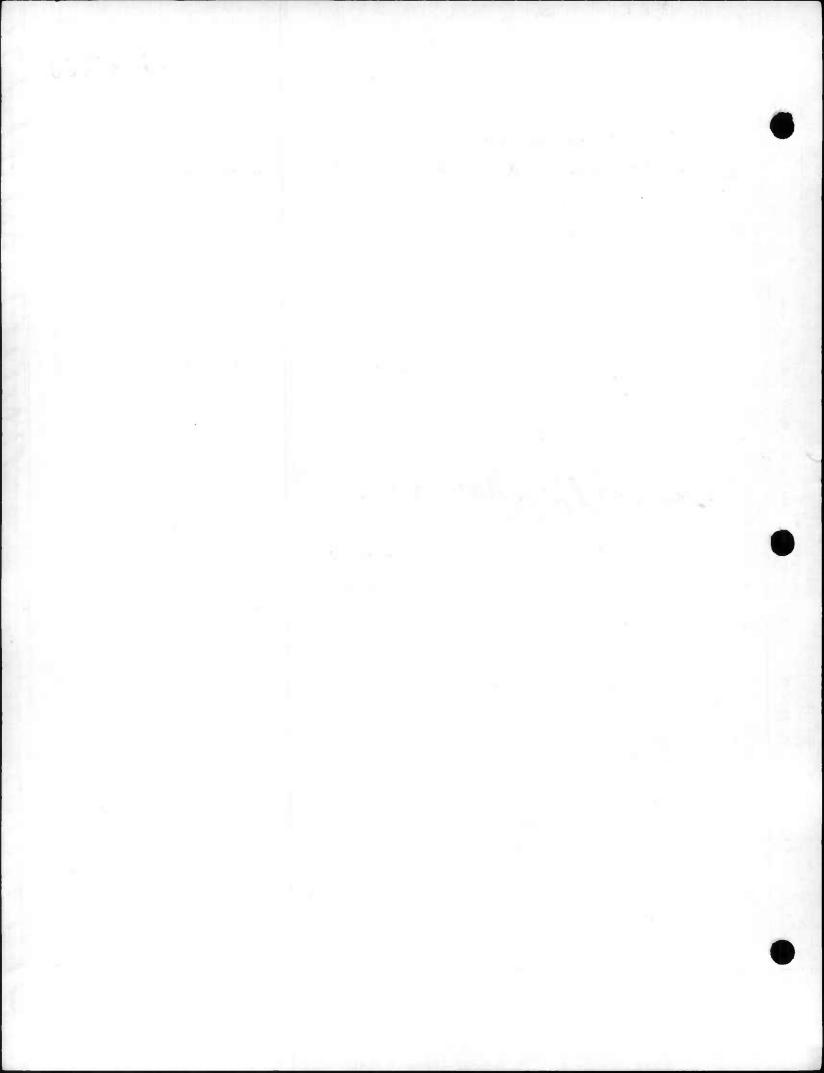
REG. NO.

1 2 N

2. DATE OF CEATH

MONT ()9

	1. DECEDENT'S NAME (First, Middle, Last		CENTIF	ICATE	OF DEATH	1	REG. NO.			_
1	RUTH 12	Reid		T		Mont 9	20	9		•
4	219-20-9231	1 🗆 M 2 🔭	96 YRS.		AYS HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	5- '	BIRTHPLACE (State or Fo	reign
ECTOR	9a. FACILITY NAME (If not institution, give Colton Villa Nui RESIDENCE OF DECEDENT				erstown	DEATH		Wash	of DEATH nington	
DIREC	10a. STATE 10b. COUN	shington		ry, TOWN OR L					10d. INSIDE CITY LIMITS? 1 X YES 2	
ERAL	10. STREET AND NUMBER 25 Center Alley				101. ZIP CODE 21740			10g. CITIZEN USA	OF WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yo	S DECENDENT OF HISF es, epocify Cuben, Maxi YES 2 NO Spe	can, Puarto	N? (Specify Yes Rican, etc.)		RACE — American India Black, White, etc. Specify White	en,
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)  12 Years		16a. DECEDENT'S (Give kind of life. Do NOT to	work done duris	JPATION Ing most of working	16	newspa	INESS/INDUST		
BE CON	17. FATHER'S NAME (First, Middle, Leet) George W. Reid				unknow	n	Middle, Malden			
5	Joann P. Kline			orth Av	street and Number or Run venue Hag		own, Ma			
	IMMEDIATE CAUSE (Finel	. List only one cause on as	ich fine.	not enter the	e mode of dying, s	uch ss cs	diac or respi	ratory arrest	Approxim interval B Onset and	et
<b>LIFICATION</b>	IMMEDIATE CAUSE (Finel disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	CONSEQUENCE (	ARNTOFIE	mode of dying, so	uch es csi	diac or respli	ratory arrest	Interval B	etv
I: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CONSEQUENCE (	AEUTOFI: A3 CA	M E W		24a. WAS AN PERFOR	AUTOPSY MED?	Onset and	etw d D
SICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A	CONSEQUENCE ( CO	ACULTOF):  AR COOP):  OF):  OTHER:	M E W	In Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?	etweet D
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the conditions of the c	B. List only one cause on as a DUE TO (OR AS A	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C  Ut not resulting	OFF:  OFF:	erlying cause given  26. PLACE OF DEATH  9 Home 5   Resident  10. INJURY AT  WORK?  1   YES 2   NO	In Part I.	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY F ARALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	etweet D
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant conditions in the condition of	DUE TO (OR AS A  DUE TO	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C  TOTAL TOT	OF):  OF):  OF):  OF):  OTHER:  4  Minsing ME OF  JURY M  , street, factory	erlying cause given  26. PLACE OF DEATH ( g Home 5   Residence BC. INJURY AT WORK? 1   YES 2   NO , office	Check only one 6 Other 28d, DE 28f, LO	24a. WAS AN PERFOR 1 YES 2  One)  or (Specify)  SCRIBE HOW III  CATION (Street a y or Town, State)	AUTOPSY MED?  SNO NJURY OCCUR	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   RED	etw d Do
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant conditions in the condition of	DUE TO (OR AS A  DUE TO	CONSEQUENCE ( CO	OF):  OF):  OF):  OF):  OTHER: 4 III-Núrsing ME OF JURY M , street, factory	erlying cause given  26. PLACE OF DEATH ( g Home 5 - Residence INJURY AT WORK? 1 - YES 2 - NO ( g, office )	In Part I.  Check only one 6 Oth 28d, DE 28f. LO Check to the co	24a. WAS AN PERFOR 1 YES 2  One)  Or (Specify)  SCRIBE HOW III  CATION (Street a y or Town, State)	AUTOPSY MED?  S.NO  NJURY OCCUR and Number or	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	etwell D
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant conditions in the condition of	B. List only one cause on as a DUE TO (OR AS A	CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE (  CONSEQUENCE (  LITTRICAL CONSEQUENCE (	OF):  OF):	erlying cause given  26. PLACE OF DEATH ( g Home 5 - Residence INJURY AT WORK? 1 - YES 2 - NO ( g, office )	In Part I.  Check only of the 6 Oth 28d, DE 28f. LO Check the time, dark UMBER	24a. WAS AN PERFOR 1 YES 2  One)  Or (Specify)  SCRIBE HOW III  CATION (Street a y or Town, State)	AUTOPSY MED?  SING NUMBER OF STATE S	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	indo To Cau



1. DECEDENT'S HAME (First, Midde HARRIET	die, Last) HARD	EN REED	ER						2. DATE MONT SEPT		DAY 199	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY HUMBER		5. SEX	6. AGE (In yrs.	iast birthday)		R 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH	,	8. BIR	THPLACE (State or Foreig
213-38-2343		1 M 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1901		ARYLAND
9s. FACILITY NAME (If not instituti	ion, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	IOH OF D		1 / 1			DEATH
RT. #234, SA	VONA	FARM			CH	IAPTI	CO				ST	r. M	IARY'S
	ENT.			10c CF	TY, TOWN	OR LOCA	TIOH						10d, INSIDE CITY
MARYLAND		. MARY'S		100.0		RGAN							LIMITS?
10a. STREET AND HUMBER							1. ZIP CO	Œ			10g. CIT	IZEN O	F WHAT COUNTRY?
RT. #5, P.O.	BOX	98					2066	50				U.S	. A .
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IH U.S.	ARMED						N? (Specify Y	es or Ho—	14. R/	ACE American Indien,
1 Never Married 2 Merr			YES 2 X	НО		If yes, sp	ecify Cub	en, Mexico Specil	n, Puerto ly:	Rican, etc.)			ack, White, etc. pecify:
3 Widowed 4 Divorced													WHITE
15. DECEDER (Specify only high	HT'S EDU hest grade	CATION completed)		Give kind of	work done	during me	OH ost of work	ing	18	b. KIND OF B	USIHESS/IN	DUSTRY	1
Elementary/Secondary (0-12)		College (1-4 or 5	+) DI	RECTO	R retired.)	D C CT	TATES			DOARE	OB E	DIIC	ATTON
12 17. FATHER'S HAME (First, Middle,	I and		OF	PUPI	L PE	KOON	7	Puepie III		BOARD		טטע	ATTUN
JOHN HENRY R		R					1			Middle, Maide	ni Sumeme)		
190. IHFORMANT'S HAME (Type/F		IX.		19b. MAII IM	G ADORFS	S (Street		AY DA		1 nber, City or To	win State 71	in Code	
MR. KENNETH		AVIS											AND 20621
20g. METHOD OF DISPOSITION	п. р	AVIO	_	CE ANO OAT				FAIR	-	TE 20c. L			
1 Buriel 2 Cremation 3 4 Donetion 5 Other (Spe		oval from State		FAITE									HALL, MD.
21. SIGNATURE OF FUNERAL SE	Kyg/Li	Dhul	11	1			ND ADDR			AL HOM	E. P.	Α.	
EDWARD N.  23. PART I. Enter the disee	BRI ses, or failure.	NSFIE complications the	at caused the use on sech if	death. Do na.	P not ante	RINS 2.0. or the mo	BOX ode of d	D FU	INERA LEC		OWN,	MAR	Approximate interval Bet Onset and I
EDWARD N.  23. PART I. Enter the disees shock, or heart IMMEDIATE CAUSE (Finel disease or condition	BRI ses, or failure.	NSFIE  complications the List only one can  s	at caused the use on sech if	DALY SEOVENCE (	B P P not ante	RINS 2.0. or the mo	BOX ode of d	D FU	INERA LEC	NARDT	OWN,	MAR	Approximate interval Bett Onset and I
EDWARD N.  23. PART I. Enter the disses shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	BRI sees, or failure.	NSFIELD  complications the List only one can  s. RES  DUE TO  b. DUE TO  c. DUE TO  d	at caused the use on sech ill of the property	death. Do ina.  OF C SEOVENCE ( SEOVENCE (	B P P not ante	BRINS P.O. or the mo	BOX DODE OF THE PROPERTY OF TH	279, 279, ying, suc	INERA LEC	ONARDT rdiac or rea	OWN, plratory as	MAR	Approximate interval Bett Onset and I
EDWARD N.  23. PART I. Enter the disee shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of	BRI ses, or failure.	NSFIELD  complications the List only one can  s. RES  DUE TO  b. DUE TO  c. DUE TO  d	at caused the use on sech ill of the property	death. Do ina.  OF C SEOVENCE ( SEOVENCE (	B P P not ante	BRINS P.O. or the mo	BOX DODE OF THE PROPERTY OF TH	279, 279, ying, suc	INERA LEC	ONARDT rdiac or rea	OWN, plratory as	MAR	Approximate interval Bett Onset and E Onset and E 2 O H
EDWARD N.  23. PART I. Enter the disses shock, or heart immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BRI ses, or failure.	NSFIELD  complications the List only one can  s. RES  DUE TO  b. DUE TO  c. DUE TO  d	at caused the use on sech ill of the property	death. Do ina.  OF C SEOVENCE ( SEOVENCE (	P P P P P P P P P P P P P P P P P P P	BRINS P.O. or the mo	BOX BOX BOX BOX BOX BOX BOX BOX BOX BOX	279, 279, ying, suc	JNERA LEC th se cei	ONAR DT reliac or rea	OWN, plratory as	MAR	Approximate interval Bett Onset and E Onset and E 2 O H
EDWARD N.  23. PART I. Enter the disses shock, or heart IMMEDIATE CAUSE (Finel dissess or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMIHER?  1 YES 2 NO	BRI ses, or failure.	NSFIELD complications the List only one call s.	at caused the use on sech ill  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!	death. Do ins.  OF Cy SEQUENCE (	P not ante	BRINS P.O. or the mo	BOX pode of di	D FU 279 , ying, suc	INERA LEC the accent	24a. WAS / PERF-1   YES	OWN , plratory as	MAR,	Approximate interval Bett Onset and I 2 0 H.
EDWARD N.  23. PART I. Enter the disee shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMIHER?  1 VES 2 NO  27. MANHER OF DEATH	BRI Sees, or failure.	NSFIELD complications the List only one call s.	at caused the use on sech ill  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!  O (OR AS A CON!	death. Do ins.  OFF SEOVENCE ( SE	P not ante	BRINS P.O. or the mo	BOX Dode of di	D FU 279, ying, succ	INERA LEC the accent	24a. WAS / PERF-1   YES	OWN , plratory as	MAR,	Approximate interval Bett Onset and I 2 0 H.
EDWARD N.  23. PART I. Enter the disses shock, or heart immediate CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause in the cause i	BRI ses, or failure.	NSFIELD  Complications the List only one can be depended by the List only one can be determined by the List only one can be determined by the List only one contributing to the List of th	at caused the use on sech ill  O I I I I I I I I I I I I I I I I I I	death. Do ins.  OF COMMENT SEQUENCE ( SEQUEN	OF):  OF):	26. PER: Ursing Hor  28. W  1	BOX ode of di  LE  Ing cause place of the special spec	D FU 279, ying, succ	INERAL LEC	24a. WAS / PERF-1   YES	OWN , plratory as an AUTOPSY ORMED? 2 NO	MAR rrest,	Approximate interval Bett Onset and I 2 0 H.
EDWARD N.  23. PART I. Enter the disses shock, or heart immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of the cause in the cause i	BRI Ses, or failure.  Condition  EOICAL  ding etigation and not be remined	NSFIE  complications the List only one call  s	at caused the use on sech ill  If I I I I I I I I I I I I I I I I I I	death. Do ins.  OF Cy SEOUTHCE (	OF):  OF):  OF):  OF):  OTHE 4   Numer of NJURY M	anderlying 26. PER: ursing Hor 28c. IN Section, office time, date	BOX ode of di  L  L  L  L  L  L  L  L  L  L  L  L  L	given in	Part I.  Part I.  Solution of the control of the co	24a. WAS / PERF-1 U YES  CATION (Streety or Town, Status)	AN AUTOPSY NO  V IHJURY OX  st and Number	MAR rrest,	Approximate interval Betto Onset and E 2 0 H. 2 0 H
EDWARD N.  23. PART I. Enter the disses shock, or heart immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of the cause in the cause i	BRI Ses, or failure.  condition condition ding etigation ing Phys EXAMINI CERTIFIE	NSFIELD complications the List only one call s.	at caused the use on sech ill of P / P / P / P / P / P / P / P / P / P	death. Do ins.  OPG SEOUENCE ( SE	OF):  OF):	anderlying 26. PER: ursing Hor 28c. IN Section, office time, date	BOX  ode of di  Lace of di  Lace of di  Lace of di  Lace of di  Lace of di  and di  an	given in	INERA LEC ch as car Part I.  Part I.  28d. Di 28f. LO Ch s to the c	24a. WAS / PERF-1 U YES  CATION (Streety or Town, Status)	AN AUTOPSY ORMED?  2 NO  VIHJURY OX  st and Number to end due to	MAR rrest,	Approximate interval Bett Onset and I 2 0 H.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

U.K. SHAH,

M.D.

'91

SHANTI MEDICAL

32. REGISTRAR'S SIGNATURE Pandall

CENTER

LEONARDTOWN

1. DECEDENT'S NAME (First, Middle	do I pet		0.		ICATE OF		2, DATE OF	REG. NO.			3, TIME OF DEAT	
ARTHUR	, LEGI,		DODDDD				MONTH	DA		YEAR		
4. SOCIAL SECURITY NUMBER	G.	5. SEX	ROBERTS  6. AGE (In vrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	SEPTE 7. DATE OF		21,1		7:00 THPLACE (State or Fo	P
267-03-7628		1 😾 M 2 🗆 F	78	YRS.	MONTHS DAYS	HOURS MIN.	MAY 1	wy, Year)		FLO	ORIDA	oigi1
BAYSIDE NURSI	NG C					OR LOCATION OF O			ST.			
	COUNTY			10c. CIT	TY, TOWN OR LOCA	TION		_			10d. INSIDE CITY	
FLORIDA E	ESCAN	BIA		Pl	ENSACOLA						1X YES 2	NO
10e. STREET AND NUMBER		TO THE			10	r. ZIP COOE			10g. CITI	ZEN OF	WHAT COUNTRY?	
305 E. JOHNSO	IA NO	ENUE				32514			11.5	5.A.		
11. MARITAL STATUS 1  Never Merried 2  Merrie 3  Widowed 4  Divorced		12. WAS DECEDEN	YES 2 🔀		I1 yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 NO Speci	an, Puerto Rici			14. RAC Blac Spec	CE — American Indick, White, atc.	in,
15. DECEDEN (Specify only high Elementary/Secondary (0-12) 6TH GRADE			(0	Give kind of e. Do NOT u	B USUAL OCCUPATE work done during m use retired.) HERMAN			OMME		DUSTRY		
17. FATHER'S NAME (First, Middle,	Lest) DBERT	rs				18. MOTHER'S NA		dle, Meiden				
19a. INFORMANT'S NAME (Type/Pr						and Number or Rural					22514	
EVELYN WRIGHT						N AVE.,	_	_				
20a. METHOD OF DISPOSITION 1  Burlel 2 Cremation 3	37		20h PLACE	E AND OAT			OATE		CATION _	Mar as T		
4 Donation 8 Other (Spec 21, SIGNATURE OF FUNERAL SER	clfy)			y, cremator		NO ADORESS OF F	ACILITY	PEN	SACOI	ιA.	FLORIDA  E, P.A.	
4 Donetion 8 Other (Spec	RVICE LIC	complications the List only one call.  DUE TO DUE TO C.	of cometany BARRA	eduence of	y or other place)  22. NAME A MATTI PO not enter the m	NGLEY-GA	ACIUTY ARDINEF	PEN R FUN	SACOI ERAL WN N	HOM	FLORIDA	ata etwe
23. PART I. Enter the disease ahock, or heart immediate cause or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	RVICE LIC	complications the List only one call a. Acut only one call of the Complete To	at caused that dise on sech line.	y, crematory  NCAS  Inches of the control of the co	y or other place)  22. NAME A MATTI PO not enter the m  DF):	NGLEY-GA BOX 270 ode of dying, sur	ACILITY ARDINEF I.FONZ ch as cardia	PEN R FUN	ERAL WN N ratory and autropsy	HOM MARY reat,	FLORIDA  E, P.A.  TAND 20  Approximation interval 8	ata otwood 1 Daa inding TO CAUSE
23. PART I. Enter the disease abook, or heart immediate countries or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	RVICE LIC	a. Acut DUE TO DUE TO d	at caused that dise on sech line.	y, crematory  NCAS  Inches of the control of the co	y or other place)  22. NAME A MATTI PO not enter the m OF):  OF):  In the underlyle 26. F	NGLEY-GA BOX 270 ode of dying, sur	ACILITY ARDINE F I.F.ONZ Ch as cardia	PEN R FUN ARDTO c or reapi	ERAL WN N ratory and autropsy	HOM MARY reat,	FLORIDA  E, P.A.  Approximation of the property of the propert	ats otwood 1 Daa inding TO CAUSE
23. PART I. Enter the disease abock, or heart immediate in condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other significant or example in death.	RVICE LIC	complications the List only one call a. Acut only one call of the Complete To	I caused that dise on sech line (OR AS A CONSE	eduence of cours	y or other place)  22. NAME A MATTI PO not enter the m  OF):  OF):  In the underlyle  26. F	NGLEY-GA BOX 270 ode of dying, sur	ACILITY ARDINEF I.FONZ the ac cardia  Part I. 2  theck only one)	PEN R FUN ARDTO c or reapl 4a. WAS AN PERFOR YES 2	ERAL WN N ratory and autropsy	HOM MARY reat,	FLORIDA  E, P.A.  Approximation of the property of the propert	ata otwood 1 Daa inding TO CAUSE
23. PART I. Enter the disease ahock, or heart immediate cause. Enter UNDERLYING CAUSE (Final desase or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or examined the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	RVICE LIC	DUE TO DUE TO d. HOSPITAL:	of cemetary BARRA  and to caused the dise on each lin  COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE  Of COR AS A CONSE	REQUENCE C	y or other place)  22. NAME A MATTI PO. not enter the m  OF):  OF):  26. F  OTHER: 4 K Nursing Ho  ME OF 28c. IN  WHE OF 28c.	IND ADORESS OF F. INGLEY—GA BOX 270, ode of dying, sur	ACILITY ARDINEF I.FONZ the ac cardia  Part I. 2  theck only one)	PEN R FUN RDITO c or reapl 4a. WAS AN PERFOR VES 2	ERAL, WN N ratory and	HOM MARY reat,	FLORIDA  E, P.A.  Approximation of the property of the propert	ata otwood 1 Daa inding TO CAUSE
23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or LAST III. Othe	RVICE LICE see, or of failure.  condition  condition  ding stigation	DUE TO  DUE TO	of cemetary BARRA  I and a second the dase on each line (OR AS A CONSE (OR AS A C	REQUENCE COLUMN CAS TO SECULATE COLUMN CAS C	y or other place)  22. NAME A MATTI PO. not enter the m  OF):  OF):  26. F  OTHER: 4 K Nursing Ho  ME OF 28c. IN  WHE OF 28c.	IND ADORESS OF FINGLEY—GARANDE ADORESS OF FINGLEY—GARANDE ADORESS OF FINGLE ADDRESS	ACILITY ARDINEF I.F.ONZ ch as cardia  I.F.ON	PEN R FUN ARDTO c or reapi 4a. WAS AN PERFOR YES 2	AUTOPSY MED?  AUTOPSY MED?  NJURY OC	HOM MARY rest,	FLORIDA  E, P.A.  Approximation of the property of the propert	ata otwood 1 Daa inding TO CAUSE

Easter 12

3. TIME OF DEATH 9:06 aim

10d. INSIDE CITY

1 YES 2 1 NO

BIRTHPLACE (State or Foreig Country)

MISSISSIPPI

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

23

Item

6

marked,

certificate h

After this c

L DIRECTOR: A hours after di 69

TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 PM HOSPITAL

DIVISION OF VITAL

2,3

	S.A.
IGIN7 (Specify Yea or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE
16b. KIND OF BUSINESS/IN	DUSTRY

17. FATHER'S NAME (First, Middle, Last) ANDY W. SANDIFER 19a. INFORMANT'S NAME (Type/Print) TERRY E. RILEY 

12

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

REAL ESTATE AGENT

HUNTT CREMATORY

1112 WIVENHOE WAY, VIRGINIA BEACH, VA. 23454 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State

CORA YOUNG

18. MOTHER'S NAME (First, Middle, Maiden Surname)

DATE

9/19

OF FUNERAL SERVICE LICENSEE 23. PART i. Enter the diseases, or complications that shock, or heart failure. List only one ce used the deat 22. NAME AND ADDRESS OF FACILITY
BRINSFIELD FUNERAL HOME, P.A.

BOX 279, P.O. LEONARDTOWN, MARYLAND 20650 Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximete

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

16.

1909

9c. COUNTY OF DEATH

WALDORF, MARYLAND

AUG.

IMMEDIATE CAUSE (Finsi disesse or condition\_ resulting in death)

oak DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evente reaulting in deeth) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY

24b. WERE AUTOPSY FRIDINGS AMILABLE PRIOR TO COMPLETION OF GAUSE OF DEATH?

interval Between

Onset and Death

1 CT YES

1 U YES 2 GATO

25, WAS CASE REFERRED TO MEDICAL T YES I NO

MANNER OF DEATH

# 2 EN/Outpetlent 3 DOA 28s. DATE OF INJURY (Month, Day, Ward

OTHER: e 5 🗆 Residence 6 🗆 Other (Specify) TIME OF 28c, INJURY AT WORK?

1 YES

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED 2 | MO

1 Accident 3 Suitstde Could not be 4 | Homicide

28s. PLACE OF INJURY - At home, term, street, fectory, offic

28f. LOCATION (Street and Number or Flural House Number,

MEDICAL EXA

th occurred at the time, date and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

arm 25 MATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

State of the contraction and the field of the contraction of

And the second s

TO BE COMPLETED BY FUNERAL DIRECTOR

1 -	FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Las Morrison Hull						2. DATE OF MONTH Sept	_ DAY	91	3. TIME OF DEATH 3:10
4. SOCIAL SECURITY HUMBER 224-07-9071	5. SEX	8. AGE (In yrs. Ia.	at birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	1	7. DATE OF		A. BIRT	THPLACE (State or Foreign
9a. FACILITY HAME (If not institution, ghas Sacred Heart Ho	e street and number)				rland, M	EATH	9	Allega	DEATH
10a. STATE 10b. COU  MD Alleg				ry, town or Loc saptown		*			10d. INSIDE CITY LIMITS? XX YE\$ 2 NO
100. STREET AND NUMBER 14805 Hill Stre	et	. 31			101. ZIP CODE 21502		1	USA	WHAT COUNTRY?
11. MARITAL STATUS 1  Never Merried 2 Married  MX Widowed 4 Divorced	12. WAS DECEDED FORCES? A IF YES, GIVE	WAR OR DATES	RMED HO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ESXEC HO Speci	an, Puerto Rici		Spi	CE — American Indian, lick, White, etc.
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 5	(C)	ECEOENT'S Sive kind of a. Do NOT u	S USUAL OCCUPA work done during a use retired.)	TIOH most of working		no of Busini Reid's	T.V.	
17. FATHER'S HAME (First, Middle, Last) William Gardner	•				Mary A		I will be a series	meme)	
19a. INFORMANT'S NAME (Type/Print) Mr. Donald Reic	i				and Number or Aurel Cresapt				
99a. METHOD OF DISPOSITIOH  1 Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)	amoval from State			Cemete		9-17		nton – city or	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE:	100		22. HAME	AND ADDRESS OF F	ACILITY	T. 2007		
23. PART I. Enter the diseases, shock, pr heart fellu iMMEDIATE CAUSE (Finei disease or condition	re. List only one ce	ouse on each lin	0.	not enter the r		MD 215	02	tory arrest,	Approximata interval Betw Onset and D
shock, or heert fellu iMMEDIATE CAUSE (Finei	e. Due To	ouse on each lin	EOUENCE C	Cumbons of particular for particular	erland, l	MD 215	02	tory arrest,	Interval Betw
shock, pr heert fellu iMMEDIATE CAUSE (Finei disease or condition reculting in deeth)  Sequentielly list conditione, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due To	O (OR AS A CONSI	EOUENCE C	Cumbonot enter the r	erland, I	MD 215ch as cerdia	02	JTOPSY 2	Interval Betw Onset and D
Shock, pr heert fellu iMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentielly list conditione, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  LINGLEY  25. WAS CASE REFERRED TO MEDICA EXAMINER?	e. List pnly one ce  e. DUE TO  DUE TO  d. DUE TO  HOSPITAL:	O (OR AS A CONSI	EOUENCE C	Cumbons of the control of the contro	ling couse given in	MD 215ch as cerdia	02 c or reapirat	JTOPSY 2	Interval Betw Onset and D Mutual Larys 4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
shock, pr heert fellu  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditione, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	e. List pnly one ce  e. Due To  b. Due To  d. Due To  d. Hospital: 2  28a. Date C  (Month,	O (OR AS A CONSI	EOUENCE C	Cumbons of the control of the contro	erland, I	n Part I. 2  Check only one)	02 c or reapirat 4a. WAS AH AU PERFORME YES 2	JTOPSY 2	Interval Betw Onset and D Mutual Larys 4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
shock, pr heert fellu iMMEDIATE CAUSE (Finel diseese or condition reculting in deeth)  Sequentielly list conditione, if smy, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	e. List pnly one ce  e. Due To  b. Due To  d. Due To  d. Hospital: 2  28a. Date C (Month, on building to building	O (OR AS A CONSI	EOUENCE C	Cumbonot enter the reconstruction of the component of the	PLACE OF OEATH (Come 5   Residence INJURY AT WORK?	n Part I. 2  Check only one)  1 G Other (1)  2 2 d. DESCI	4e. WAS AH AU PERFORME  YES 2	JTOPSY 2 ED? ZNO	4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 HO
shock, pr heert fellu iMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentielly list conditione, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	e. List pnly one ce  e. Due To  b. Due To  c. Due To  d. Litons contributing to  tions contributing to  ACC (Month, one of be building to building to building to building to the best of	O (OR AS A CONSI	EOUENCE C  EOUENCE C  Teeulting  3 DOA  28b. Till	Cumbonot enter the record of the underly of the state of NJURY M 1 control of the state of the s	PLACE OF OEATH (CONTINUED AT WORK?	n Part I. 2  Check only one)  1 2ed. DESC!  2et. LOCAT City or	4a. WAS AH ALL PERFORMS  YES 2 Specify)  RIBE HOW INJ	JTOPSY 2 PNO PURY OCCURED  If Number or Puri	4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 HO
shock, pr heert fellu iMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentielly list conditione, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	b. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO	O (OR AS A CONSI	e.  EOUENCE C  FOURNCE C  TO THE TO T	Cumbonot enter the record of the underly ME OF 28c. NURY M 1 1 1, street, factory, or cred at the time, deten, in my opinion	PLACE OF OEATH (COME 5   Residence INJURY AT WORK?   YES 2   HO	m Part I. 2  Check only one)  Check only one  Check only one  28t. LOCAT  City or  28t to the cause the time, data en	4a. WAS AH ALL PERFORM!  YES 2 Specify)  ON (Street and fown, State)	JTOPSY 2 ED7 JNO JURY OCCURED  I Number or Burn or as stated. due to the caus	Interval Betw Onset and D  Author  Logs  4b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 HO

	4
68760	
76	
00	
9	
-	
BOX (	
0	
<b>11</b>	
0	
0	
-	
ທົ	
Ö	
~	
-	
$\mathcal{L}$	
O	
ш	
$\alpha$	
OF VITAL RECORDS, P.O.	
d	
F	
=	
>	
11,	
0	
_	
Z	
0	
DIVISION	
3	
>	
=	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wittin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	CATE OF	DEATH	REG. NO.		3. TIME OF DEATH
MARIE LILLIAN	RYAN				09 13		AR .
4. SOCIAL SECURITY NUMBER 215–20–5069	5. SEX 6. AGE (in		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-30-18	0. B	IRTHPLACE (State or Foreign ountry)
96. FACILITY NAME (If not institution, give a SACRED HEART HOS		9		BERLAND	EATH	9c, COUNTY C	
SACRED HEART HOS  RESIDENCE OF DECEDENT  10a. STATE  Md  10b. COUNT  Alleg.  10c. STREET AND NUMBER  8 West Railro.  11. MARHTAL STATUS			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
100. STREET AND NUMBER 8 West Railro	ad St			. ZIP CODE 21539		10g. CITIZEN (	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEOENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:		RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  8  17. FATHER'S NAME (First, Middle, Last)	JCATION e completed)  College (1-4 or 5+)	Ga. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION of the done during more retired.)	DN st of working	16b. KIND OF BU	SINESS/INDUSTR	RY
17. FATHER'S NAME (First, Middle, Last)		Dartezy		16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
Robert McGregor					ne Fitzpa		
198. INFORMANT S NAME (Typerfill)		- Control of the Control			Route Number, City or Tow		9)
James M. Ryan		113 Cha			mberland, M	CATION - City	as Town Dista
1 M Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	metary crematory of	cother place)		16-91 Lon		
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A		zie Funera		5,1
disease or condition resulting in death)	s. ACUTE	Mysec	redi	el 1	nHAMMET	1001	1) 1001
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE TO TOP AS A C	CONSEQUENCE OF):	me	ellit	les		John J.
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):		g cause given in	1 Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
PART II. Other significant condition	OUE TO (OR AS A C	CONSEQUENCE OF):	the underlying	g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PART II. Other significant condition	OUE TO (OR AS A C	CONSEQUENCE OF:	the underlyin	LACE OF DEATH (C	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 40  27. MANNER OF DEATH	OUE TO (OR AS A Company of the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contributing to death but the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the cont	thent 3 DOA 266. TIME INJU	26. POTHER:  1 Nursing Hor  OF 28c. IN  WY  M 1	LACE OF DEATH (C	PERFO 1 YES	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined determined	OUE TO (OR AS A COME TO	CONSEQUENCE OF):  t not resulting in  thent 3 □ DOA □  26b. TIME INJU	26. POTHER:  1 Nursing Hor  OF 28c. IN  WY  M 1	LACE OF DEATH (C	PERFO 1 YES  heck only one) 6 Other (Specify)	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined determined	OUE TO (OR AS A COME TO	consequence op:  t not resulting in  tient 3 □ DOA □  28b. Time INJU  At home, farm, str	26. POTHER: 6   Nursing Hor RY M 1   reet, factory, official at the time, dat	LACE OF DEATH (C	PERFO  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State	INJURY OCCURE and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 40  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	OUE TO (OR AS A COME TO	consequence of:  t not reaulting in  tient 3 □ DOA □  26b. TiME (NJU)  At home, farm, str  y)  dge, death occurred and/or investigation.	26. P OTHER: 6   Nursing Hor OF 28c. IN. WY 1   reet, factory, offk	LACE OF DEATH (C	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, Street et o the cause(a) and me et ime, deta and place, a	INJURY OCCURE and Number or R ) inner as stated. ind due to the ca	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATHY  1 YES 2 NO

reter to

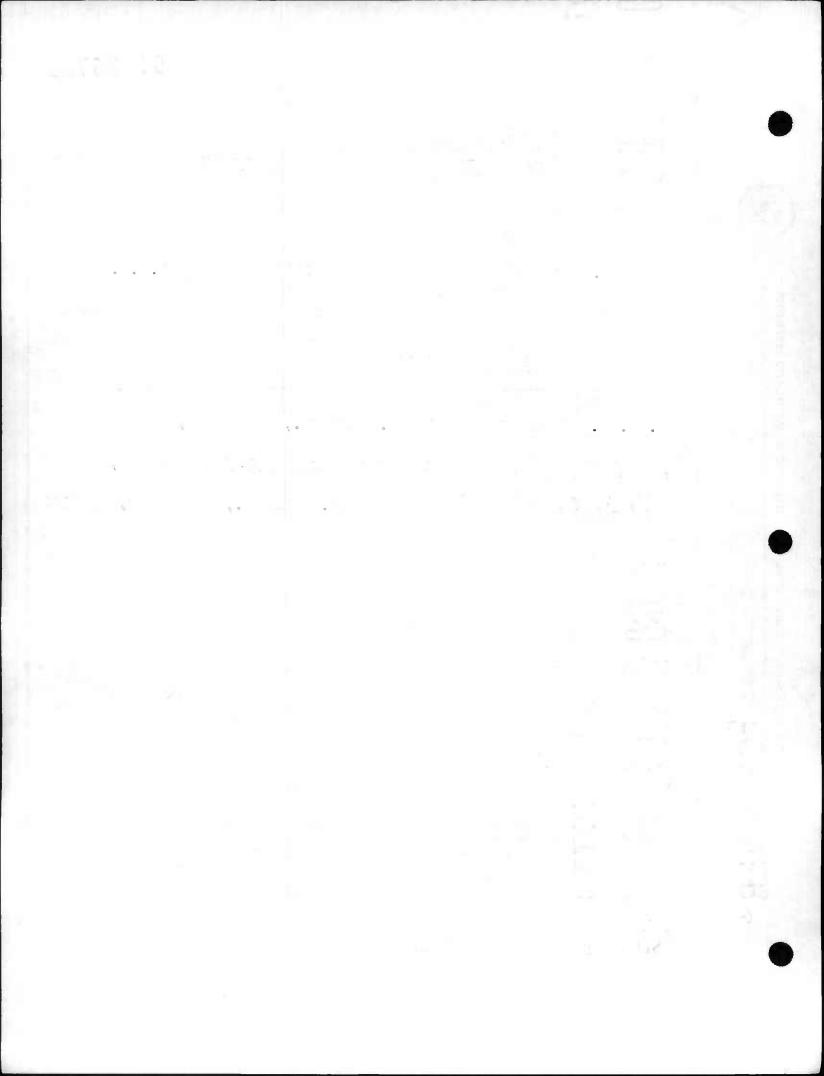
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

6

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF						
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	BENJAMIN	RITTEN	HOUSE		Sept.	13.	1991	04:00
4. SOCIAL SECURITY NUMBER  178-24-7595	1 ⊠ M 2 □ F 7	GE (In yrs. last birthday) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		5/12	PEÑ	HPLACE (State or Foreign VSYLVANIA
9a. FACILITY NAME (If not institution, given Memorial Hosp	oital			mberland		90	A11e	egany
RESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND A1			Y, TOWN OR LOC					10d. INSIDE CITY LIMITS?  1  YES 2  NO
10e. STREET AND NUMBER	AIN STREET			01. ZIP COOE 21532		10	U.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2V NO	If yes, s	ECENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	an, Puarto Rica		No. 14. RAC	CE — American Indian, ck, White, stc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	Illa. Do NOT u	work done during rase retired.)	TION nost of working		ID OF BUSINE		
	4	MINIS'	TER	-		CHURC		
17. FATHER'S NAME (First, Middle, Last) GEORGE RITTI				16. MOTHER'S N. KATH	RYN Mo		name)	
190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, (	City or Town, St	tate, Zip Code)	
MRS. H. B. R.	ITTENHOUSE	158	E. MAI	N ST.,	FROSTI	BURG,	MD 2	1532
20s METHOD OF DISPOSITION 1 Mariel 2 Cremetion 3 R	emoval from State	20b. PLACE AND DAT			DATE		ION — City or 1	
4 Donation 6 Other (Specify)		ADDISON	CEMET	ERY AND ADDRESS OF F			DDISO	
					ACIDITY OF OR	ambe :	י מיייד אדדיים	AT LIOME
IMMEDIATE CAUSE (Final	or complications that cau	n asch line.	not antar the n	W MATN	ST.	FROS	TBURG	AL HOME  MD 2153  Approximate interval Between Onset and De
23. PART I/Enter the diseases, shock, or heart fallu	a. Due to lon A		not anter the n	W. MAIN	ST.	FROS	TBURG	MD 2153
23. PART I/Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR A	AS A CONSEQUENCE OF A C	not enter the n	W. MAIN node of dying, su	ST., ch se cardiac	FROS	TBURG  Dry srreat,	MD 2153
23. PART I/Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR A	AS A CONSEQUENCE OF A C	not enter the n	W. MAIN node of dying, su	ST., ch se cardiac	FROS or reapirate	TBURG  Dry srreat,	Approximate Interval Between Onset and De On
23. PART Il Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A	AS A CONSEQUENCE OF A C	not antar tha n	W. MAIN node of dying, su	ST ch se cardiac	FROS or reapirate	TBURG  Dry srreat,	Approximate Interval Between Onset and De On
23. PART I/Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and conditions are conditions.	b. DUE TO (OR A	AS A CONSCOUENCE OF A C	In the underly	W. MATN node of dying, su Rand du	ch se cardiac	a. WAS AN AUTPERFORME	TBURG  Dry srreat,	Approximate Interval Between Onset and De On
23. PART I/ Entar the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the cause of the conditions of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause	b. DUE TO (OR A  c. DUE TO (OR A  d. Lions contributing to dast  L HOSPITAL: 1 N Inpatient 2 ERV  26a. DATE OF INJU (Month, Day, Ve.	AS A CONSEQUENCE OF AS A C	or antar than and antar than an an antar than an antar than an antar than an antar than an antar than an antar than an antar than an antar than an antar than an an an an an an an an an an an an a	MATN node of dying, su  Rend du  .  Ing cause given in	n Part I. 24	a. WAS AN AUTPERFORME	TBURG ory streat,	Approximate Interval Between Onset and De On
23. PART I/Enter the diseases, shock, or heart failured in the sease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the sease of the	b. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  c. DUE TO (OR A  d. DUE	AS A CONSCOUENCE OF A C	or antar than and antar than and antar than and antar than and antar than an an an an an an an an an an an an a	MATN node of dying, su  Rond du  Ing cause given in	ch se cardiac  Part I. 24  1  Other (S  26d. DESCR	a. WAS AN AUTPERFORME	TBURG ory streat,	Approximate Interval Between Onset and De On
23. PART I/Entar the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations are sufficient to mediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to mediate cause. Enter UNDERLYING Pending Investigations are sufficient to mediate cause. Successful and investigations are sufficient to mediate cause.	b. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  c. DUE TO (OR A  d. DUE	AS A CONSEQUENCE OF A C	ont antar the not antar the not antar the not antar the not set of	Ing cause given in PLACE OF DEATH (COME 5   Residence NOORK?  YES 2   NO office and desired and place, and desired the second of	ch se cardiac  n Part I. 24  1  1  Other (S  26d. DESCR  28f. LOCATIC City or 1	a. WAS AN AUTPERFORMED YES 2 ON (Street and own, State)	TBURG  TOPSY D7  No  No  No  No  No  No  No  No  No  N	Approximate Interval Betwee Onset and De Ons
23. PART I/Entar the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of th	b. DUE TO (OR A  c. DUE TO (OR A  d. DUE	AS A CONSEQUENCE OF A C	ont antar the not antar the not antar the not antar the not set of the not antar the not set of the not antar the not set of t	Ing cause given in PLACE OF DEATH (COME 5   Residence NOORK?  YES 2   NO office and desired and place, and desired the second of	ch se cardiac  Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTPERFORMED VES 2  ON (Street and down, State)	TBURG  TOPSY TOPSY D7  NO  No  Number or Rura  r se stated.	Approximate Interval Betwee Onset and De Ons



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 70 hours after death with the State Dent, of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
4 hours a	filled in by	ne medi
within 2	npletely	vent, th
e executed	an and cor	umatic e
certificate t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first supplied by buriar, after death with the State Deat of Health and Mental Hydiene prior to buriar, cremation, or removal.	or other tra
e death	he attend Mental H	Jury, or
s that th	ined by t	any In
v require	been sig	shows
: The lav	tate Dep	tem 23
YSICIAN	s certific	od, or 1
HI DNIC	After thi	s marke
ATTEN!	RECTOR:	m 28 l
PITAL OF	RAL DIF	E II Ne
HE HOS	HE FUNE	ORTAN
5	24	M

6

1. DECEDENT'S NAME , McCle	llan				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
FREDERICK MCCE	RUEHL				09 20		9:05 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign
215-20-5261	1 💢 M 2 🗆 F	64 YRS.	MONTHS DATE	HOURS WIN.	10/29/26		RYLAND
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
SACRED HEART H	OSPITAL		CUMBER	RLAND		ALLEG	ANY
RESIDENCE OF DECEDENT  10a. STATE 10b. COUR	NTY	10c. C	ITY, TOWN OR LOCA	ATION			10d. INSIDE CITY
MARYLAND A	LLEGANY		CUMBERI	AND			LIMITS?
10e. STREET AND NUMBER	DDDOMNI			H. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ROUTE 3 GROWD	EN DRIVE			21502		USZ	A
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, ik, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	▼ YES 2 □ NO		S 2 X NO Specifi	y:	Spec	offv:
	_1	WW II					WHITE
15. DECEDENT'S E (Specify only highest gra	de completed)	(Give kind o	'S USUAL OCCUPATI of work done during m use retired.)	ION loat of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	)		SIIDEDWIG	SOR UNIVE	ו סכדתע	
17. FATHER'B NAME (First, Middle, Last)		PIZZINI I	MANCE C		ME (First, Middle, Meiden S		EDUCATION
	EHL			NELLI		EBRENNI	ER
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (Street		Route Number, City or Town,		
MARION T. RUE	HL	ROU	TE 3 GF	ROWDEN I	DRIVE CUM	BERLANI	D, MD 215
20a. METHOD OF DISPOSITION		20b. PLACE AND OA	TE OF OISPOSITIO			ATION City or T	
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetary, cremato		TORY	9/23 IIN	IONTOW	V PA
21. GIGNATURE OF FUNERAL SHIVICE	LICENSEE	1	22. NAME A	AND ADDRESS OF FA	CILITY		
1) Douglas	V 17	1000	LINE	TO CITE OF	OTTO CIA		3.00 mm. 3 m 71
23. PART i. Enter the discess, cahock, or heart failur immediate CAUSE (Final disease or condition	or complications that re. List only one cause	t caused the death. Do	1302 o not anter the m	NATION ode of dying, aud	NAL HWY L	AVALE,	MD 21502 Approximate Interval Between
ahock, or heart fallur	a. Alux	caused the death. Do se on each line.	Description of the management	NATION	NAL HWY LA	AVALE,	MD 21502 Approximate Interval Batwe
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART III. Other significant condit  EXAMINER?  1  YES 2 (DISO	a. DUE TO DUE TO d. DUE TO d. HOSPITAL:	GOR AS A CONSEQUENCE  ON AS A CONSEQUENCE  C	OF):  OF):	NATION ode of dying, auc	Part i. 24a. WAS AN A PERFORM  Control one)  6 Other (Specify)	AVALE, atory srrest, without the same state of t	MD 21502 Approximate interval Batwe Onset and Des
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algurificant condit  25. MAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Mediural 5 Pending	a. Due to Due to Due to d.	GOR AS A CONSEQUENCE  CON AS A CONSEQUENCE	OF):  OF):	NATION Ode of dying, aud  Ode of	Part i. 24a. WAS AN A PERFORM	AVALE, atory srrest, story srrest, story srrest, story srrest, story sto	MD 21502 Approximate Interval Batwe- Onset and Des  b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  25. MAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO DUE TO d. DUE TO d. DUE TO G. DUE TO	GOR AS A CONSEQUENCE  ON AS A	OF):  OF):	NATION Ode of dying, auc  A TION Ode of dying, auc  A TION ODE OF DEATH OF THE	Part I. 24a. WAS AN PERFORM  6 Other (Specify)  28d. DESCRIBE HOW IN	AVALE, story strest, story story strest, story strest, story strest, story sto	MD 21502 Approximate interval Batwe Onset and Det  b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  EXAMINER?  1 YES 2 SNO  27. MANNER OF DEATH  1 Measured 5 Pending	a. DUE TO DUE TO d. DUE TO d. DUE TO (Month, D. Due To (Month, D.	GOR AS A CONSEQUENCE  COM AS A CONSEQUENCE	OF):  OF):	NATION Ode of dying, auc  A TION Ode of dying, auc  A TION ODE OF DEATH OF THE	Part I. 24a. WAS AN / PERFORI  Control one)  Control one)  Control one)  Control one)  Control one)  Control one)  Control one)  Control one)  Control one)	AVALE, story strest, story story strest, story strest, story strest, story sto	MD 21502 Approximate interval Batwe Onset and Dei
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  25. MAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Mediural 5 Pending Investigation 3 Suicide 6 Could not determined	a. DUE TO	GOR AS A CONSEQUENCE  OR AS A	OF):  OF):	NATION Tode of dying, aud  Out o	Part I. 24a. WAS AN A PERFORM  Control one)  Control (Specify)  28d. DESCRIBE HOW IN  28d. LOCATION (Street as City or Fown, State)	AVALE, atory strest,  NUTOPSY MED?  JURY OCCURED	MD 21502 Approximate interval Batwe Onset and Dei
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Mediural 5 Pending Investigatic 3 Suicide 6 Could not determined  29e. CERTIFIER (Check only)  CERTIFYING Ph	a. DUE TO	GOR AS A CONSEQUENCE  OR AS A	OF):  OF):	NATION Tode of dying, auc  One o	Part I. 24a. WAS AN A PERFORI  Control (Specify)  28d. DESCRIBE HOW IN  281. LOCATION (Street a City or Fown, State)	AVALE, atory srrest,  NUTOPSY MED?  JURY OCCURED  and Number or Aural	MD 21502 Approximate interval Batwe- Onset and Des  b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  25. MAIS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   ORD  27. MANNER OF DEATH 1   Alexural 5   Pending 2   Accident 3   Suicide 6   Could not determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAM	a. Due to b. Due to d. Due	GOR AS A CONSEQUENCE  OR AS A	OF):  OF):	PLACE OF DEATH (C)  TOTAL TO NOTE:  THE STATE OF DEATH (C)  THE STATE OF DEATH	Part i. 24a. WAS AN PERFORI  October (Specify)  28d. DESCRIBE HOW IN City or fown, State)  to the cause(a) and many at time, date and place, and	AVALE, atory strest, story story strest, story story strest, story s	b. WERE AUTOPSY FINDING AMAILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Mediural 5 Pending Investigatic 3 Suicide 6 Could not determined  29e. CERTIFIER (Check only)  CERTIFYING Ph	a. Due to b. Due to d. Due	GOR AS A CONSEQUENCE  OR AS A	OF):  OF):	NATION Tode of dying, auc  One o	Part i. 24a. WAS AN PERFORI  October (Specify)  28d. DESCRIBE HOW IN City or fown, State)  to the cause(a) and many at time, date and place, and	AVALE, atory strest, story story strest, story story strest, story s	MD 21502 Approximate interval Batwer Onset and Dea
ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condit  25. MAIS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   ORD  27. MANNER OF DEATH 1   Alexural 5   Pending 2   Accident 3   Suicide 6   Could not determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAM	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, De Due TO Due TO The Due TO D	GRAS A CONSEQUENCE  CON AS A CONSEQUENCE  CO	OF):  OF):  OF):  OF):  OF):  OF):  G in the underlying the underl	PLACE OF DEATH (C)  TOTAL TO NOTE:  THE STATE OF DEATH (C)  THE STATE OF DEATH	Part i. 24a. WAS AN PERFORI  October (Specify)  28d. DESCRIBE HOW IN City or fown, State)  to the cause(a) and many at time, date and place, and	AVALE, atory strest, story story strest, story story strest, story s	MD 21502 Approximate Interval Batwe Onset and Det  b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

31. DATE FILED (Month, Day, Year) SEP 0 4 '91

32. REGISTRAR'S SIGNATURE
Julia Davidson

	FOR STATE REGISTRAR		STATE OF MARY					EALTH AND DEATH	MENTA	L HYGIEN	E		
	1. OECEOENT'S NAME (First, I	Middle, Last)							2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
	George	Day	vid :	Shear	er			<	Sep	tember	2,	1991	9:04 AM M
	4. SOCIAL SECURITY NUMBER 214 07 0661	R	5. SEX Male 6. AG	E (In yrs. lest	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont 9 / 8	of BIRTH h, Day, Year) 3/1909		Countr	PLACE (State or Foreign
	9a. FACILITY NAME (If not inst	titution, give st	reet and number)			9b. CITY, 1	TOWN C	R LOCATION OF O	EATH		9c. COUN	ITY OF O	EATH
STOR	Kent & Quee	EDENT		l Inc		Che	rtown		Kent				
FUNERAL DIRECTOR	Maryland	10b. COUNTY			RFI	Y, TOWN OR RO		Hall					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	RFD Piney	Neck						ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS Wid 1 Never Married 2 h 3 Widowed 4 Divorce	owed	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	DATES N	NO	lf.	yes, sp	ENDENT OF HISPA ecity Cubert, Mexico 2 NO Specif	en, Puerto		or No-	Speci	E — American Indian, c, White, etc. fy: hite
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-1	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5+)	(Gi	cedent's we kind of Do NOT L	S USUAL OCC work done du see retired.)	uring mo	on st of working anufacto		. KIND OF BUS		USTRY	
OM	17. FATHER'S NAME (First, Mid	idle, Last)	-	101	Ciliai		e n	18. MOTHER'S NA					
BE C	8		John Sheare					Ros		chombe			
10	190. INFORMANT'S NAME (TV) Roseann Boe	hmes			Keys			nd Number or Rural t Virgin		ber, City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION Burial 2 Cremetion	ON CO	Burial	20b. PLACE	ANO DAT	TE OF OISPO	SITION		OAT	E 20c. LO	CATION -	City or To	own, Stata
10	4 Denetles 5 Other	Specify)		Wesl	ey C	y or other pla hapel	. Ce	m. (94/9	91)	Rock	Hal:	1, M	d.
H	21. SIGNATURE OF FUNERAL	SERVICE LIC											
	23. PART Enter the dis shock, or ha IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fellure.	complications that cause control one cause on a. ACCTG	aech line									Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLY!	llate NG	b. OUE TO (OR AS	nc	CM	ncito							
RTIFIC	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO (OR AS	S A CONSEC	QUENCE (	OF):							
	PART II. Other algoliticer	t condition		. And and a		In the cont	44 - 4		Don I	24e, WAS AN			WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	PART II. Other aignitices	it condition	e contributing to death		esuiting	in the unc	oeriyin	g ceuse given in	———	PERFOI	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N: N													
ICIA	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:	N 220		OTHER	1:	LACE OF DEATH (C		Scann			
HYS	1 _ YES 2 _ NO 27. MANNER OF CEATH		1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	TY.	28b. TI		28c. IN.	ne 5 🗆 Residence JURY AT DRK?	_	er (Specify) SCRIBE HOW	INJURY OC	CURED	
BY	2 Accident	Pending nvestigation	280. PLACE OF INJU			M	1 🗆	YES 2 NO	28f LO	CATION (Street	set and Number or Rural Route Number,		
TEO		Could not be letermined	building, atc. (S	pecify)		, acresi, tacto	, O.I.		City	y or Town, State	)	or norm	riodia Namon,
COMPLETED	Torroom only		ICIAN: To the best of my kn										a) and mazner as stated.
BE	296. SIGNATURE AND TITLE		- Muy	111				D 13824					3, 1991
5	John C. Sey					on, Print)	. 2	1620					

Se N

. . . . . . . .

-

A. Service

no.

17%

									7			26	762	
	1 - STATE REGISTRAR		STATE OF M		D / DEPAR CERTIF					MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE OF DEATH		3	3. TIME OF DEATH	
		GRANT	2	-	SMI	ΓH				MONTH 20		YEAR	7:17 & M	
1	4. SOCIAL SECURITY NUMBER			6. AGE (In yes	s. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	1	BIRTHPL	LACE (State or Foreign	
	228-10-841:		1 M 2 D F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day, Year) Dec. 26, 1	1904 KENTUCKY			
/	9a. FACILITY NAME (If not institut	ition, give st	reet and number)	4		9b. CITY	, TOWN O	R LOCATIO			9c. COUNTY OF DEATH			
OR	FREDERIC	K MF	EMORIAL H	OSPIT/	AT.		FREI	DERIC	CK.		EDI	ומשתק	ICV	
5	RESIDENCE OF DECED	DENT		001111			TICLI	EKI	OIC .		FREDE			
DIRECTOR		b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ION				10	Od. INSIDE CITY	
	MARYLAND	MC	ONTGOMERY			ROC	CKVII	LLE				1	YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE 10						10g. CITIZE	N OF WH	AT COUNTRY?	
EF		VILAH	I RD.					208	350		UNITI	ED ST	TATES	
J.	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes		4. RACE -	- American Indian	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		IF YES, GIVE WA	AR OR DATES	CXNO			elfy Cubar 2XXNO		n, Puerto Ricen, atc.)		Specify:	White, etc.	
	21	15. DECEDENT'S EDUCATION (Specify only highest grade completed)										V	WHITE	
TE	(Specify anly high	phest grade o	ATION completed)	18e,	(Give kind of with Do NOT us	USUAL O	CCUPATIO during mos	N st of workin	a	16b. KIND OF BUS	SINESS/INOU	STRY		
LE	Elementary/Secondary (0-12)		College (1-4 or 5 +)						2					
COMPLETED	4th				DRYWALI	MEC	CHANI	[C		CONSTR	UCTION	V		
	17. FATHER'S NAME (First, Middle,	,						18. MOTH	IER'S NAI	ME (First, Middle, Melden	Surneme)			
BE		APOLE	ON SMI	TH					ARY	-		ENSLE	EY	
2	19e. INFORMANT'S NAME (Type/F	Print)					S (Street an	nd Number	or Rural F	Noute Number, City or Town	n, State, Zip C	ode)		
	DAVID C.	SMIT	H		14110	) ]	CRAV 1	LAH	RD.	. / ROCKVI	LLE, N	1D.	20850	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	3 🗆 Remg	noni from State	20b. PLA	CE AND DATE	)F DISPOS	SITION (Nan	ne of		OATE 20c. LO	CATION — CI	ty or Town	i, Stata	
	4 Donation 5 Other (Spe	ecify)		RES	STHAVEN	MEN	ORIA	L GA	ARD.	9-23 FR	EDERIC	CK. M	1D.	
	21. SIGNATURE OF FUNERAL SE	RVICE LICE	ENSEE					D ADDRES						
	> Handa	7	2		)	116	21 (	DOSS	TIMT	OWN PIKE,/				
	23. PART I. Enter the disease	nan or c	omplications that	Colored the	death Don									
	anock, of near	fellure. L	let only one ceus	e on each i	line.	Ot enter	the mod	la of dyn	ng, aucr	n aa cardiec or reepi	ratory arrea	nt,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition		Name of the last										Onset and Death	
	reaulting in death)		carl	-	mend	3	B	have	-X	J				
			DUE TO (C	DR AS A COM	SEQUENCE OF	-								
ON	Sequentially ilat conditione		OHE TO "	ato he	SEQUENCE OF	and	1-3/4	1						
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	•	DOE 10 10	DR AS A CON	SEQUENCE OF	):								
FIC	CAUSE (Disease or injury	C.	PUE TO II	AS A CON	SEQUENCE OF	سفاء								
E	that initiated events raeulting in death) LAST			to the same of the			4	Name of		and the second of				
CER		d.	- juy	utchig	1 /he	blit	Ling!	Lest	- 6513	ylecator	C		-	
	PART II. Other algolificent co	onditions	contributing to d	leath but no	ot resulting i	n the un	derlying	cause g	lven in i	Part I. 24s. WAS AN	AUTOPSY	74b, W	ERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL								Thirt.		PERFOR	MED?	AV	MAILABLE PRIOR TO OMPLETION OF CAUSE	
8										1 YES 2	NO		F OEATH?	
Σ										_		11	YES 2 NO	
AN	25. WAS CASE REFERRED TO ME	T IANG												
O	EXAMINER?		HOSPITAL:			OTHER		ICE OF DE	ATH (Che	ck only one)				
IYS	1 YES 2 NO		1 Inpatient 2 2			4 🗆 Nurs	Ing Home		aldence (	8 Other (Specify)				
	1) Natural 5 Pend	dina	26a. DATE OF IN (Month, Day,		26b. TIME		28c. INJU WOR	RK?		28d. DESCRIBE HOW IN	JURY OCCU	RED		
B	2 Accident Invest	tigation				М		E\$ 2 🗌	NO		_			
E	3 Suicide a Could 4 Homicide detan	d not be	28e. PLACE OF building, at	INJURY — At Ic. (Specify)	home, term, s	treat, facto	ory, office			28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Rout	e Number,	
<b>E</b>														
COMPLET	(Check only 1 CERTIFYIN	NG PHYSIC	IAN: To the best of m	ny knowladga,	, death occurre	d at the ti	mo, data a	ind place,	end due t	to the cause(e) and man	ner as stated.			
0	one) 2 MEDICAL	EXAMINER	: On the basis of axer	mination end/	or investigation	n, in my o	pinion, de	ath occure	ed at the t	lme, date and place, end	due to the c	cause(e) er	nd menner ea stated.	
	29b. SIGNATURE AND TITLE OF C	CERTIFIER						29c. LICE					ionth, Day, Year)	
BE	broken	10	. None	Sion.	67					8191		- 20 -		
임	30. NAME AND AGORESS OF PER					Print)	1		2					

187

A. Felwik, or R.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT	NT OF HEALTH AND TE OF DEATH		HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	1123,119	VIRGINIA	SPURRIER	2. DATE OF MONTH	DEATH DAY	GEAR 3. TIME OF DEATH
P)	4. SOCIAL SECURITY NUMBER  218-07-6245  9a. FACILITY NAME (If not institution, give	1 □ M 2 🗶 F 82	YRS. MONTH		Augus	t 31,1909	BIRTHPLACE (Stote or Foreign Country) Maryland
СТОЯ	FREDERICK MEM			TY, TOWN OR LOCATION OF FREDERICK	DEATN		Y OF DEATH ERICK
뿔	10e. STATE 10b. COUNT	EDERICK	10c. CITY, TOWN	OR LOCATION EDERICK			10d. INSIDE CITY LIMITS?  1X YES 2 NO
FUNERAL D	100. STREET AND NUMBER 4 DAVI	S AVE.		10f. ZIP CODE 2170	1		N OF WHAT COUNTRY? FED STATES
D BY FUNER	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 TES 2 NO Spe	can, Puerto Rici	Specify Yes or No- 14	Black, White, atc. Specify: WHITE
ш	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6e. DECEDENT'S USUAL. (Give kind of work dor life. Do NOT use retired	e during most of working	16b. KI	ND OF BUSINESS/INDUS	
OMPLET	7 th  17. FATHER'S NAME (First, Middle, Last)	-	HOMEMAKER	16. MOTNER'S I	NAME (First, Mide	own home	
TO BE	ROLAND  196. INFORMANT'S NAME (Type/Print)	BIDDINGE		LELA		GRAI	
9	GEORGE C.J. SPUR	205 B		S AVE. / FRE			701
er must	1   Burlet 2   Cremetion 3   Rem 4   Donation 5   Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	comete MT	OLIVET C		9-23	FREDERIC	K, MARYLAND
al examiner	· Laymond	Leteura)		1621 OPOSSUM	TOWN P	IKE /FREDE	NERAL HOME RICK,MD. 21702
atic event, the medical	23. PART L Enter the diseases, or ehock, or heert feliure.  IMMEDIATE CAUSE (Final disease of condition resulting in death)	Liet only one cause on eac	- TACIDZ	Cin / h 4	ich as cerdiec	or respiretory arres	t, Approximete interval Between Onset and Death
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b					
MEDICAL	PART II. Other algnificant condition	s contributing to deeth but	not resulting in the	underlying ceuse given i		e. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Unpatient 2 ER/Outpati	ort 3 DOA 4 DN	26. PLACE OF DEATN (CER: uraing Home 5 ☐ Residence			
marked, or BY PHY	27. MANNER OF DEATH  1 Astural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO		BE HOW INJURY OCCUR	ED
28 Is TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, fe	ctory, office	281. LOCATIO	ON (Street and Number or own, Stete)	Rural Route Number,
MPL N	29e. CERTIFIER 1 CERTIFYING PNYSI One) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R; On the besis of exemination e	ge, death occurred at the nd/or investigation, in my	time, date end place, end du opinion, death occured at th	e to the ceuse(o	e) end menner as stated. I place, and due to the c	suse(s) end menner ea stated.
PORT S	29b. SIGNATURE AND TITLE OF CERTIFIER	mts		29c. LICENSE NI	JMBER 1	29d, DATE SI	GNED (Month, Day, Year)
10	30. NAME AND AGORESS OF PERSON WN	O COMPLETEO CAUSE OF DEATH	(ITEM 27) (Type, Print)	V SAL (	* Fa	of ath 1	10-51-01
	SEP 23 1991	he Day door Mande	Jillo .		,	4 \$	

FI 0

OHMH-16 Rev 1/89

2.14 - 10 - 3745   1-3 2   1-3	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN	-		
4. SOCIALY HAME FOR INDUCTOR IN THE PARTY AND AND THE PARTY HAME FOR INDUCTOR THE PARTY HAVE AND INDUCTOR THE PARTY HAVE AND INDUCTOR THE PARTY HAVE FOR INDUCTOR THE PARTY HAVE AND INDUCTOR THE PARTY HAVE FOR INDUCTOR HAVE FOR INDUCTOR THE PARTY HAVE FOR INDUCTOR THE PARTY HAVE FOR						MONTH D			
Frederick Monorial Hospital Frederick Frederick Frederick Processing Security Securi	4. SOCIAL SECURITY NUMBER 214-10-3745	5. SEX 6. AGE	78 YRS.	MONTHS DAYS H	OURS MIN.	(Month, Day, Year) 11-7-12	Cou	ATHPLACE (State or Foreign unity)	
The STREET NAME COUNTY  Mary Indian  An explaint Name (Prederick  September 1  In the Street Name (Street Name)  In MARTHER STREET  AND ADMINISTRY STRUCK  In STREET NAME (Prederick  In Street Name (Street Name)  In Marther Street  In Name (Street)  In Name (Street									
6A SOUTH BENTZ Street  11. MANTHE STRUE  12. WAS DECEMENT EVER IN U.S. ANMED  13. WAS DECEMENT OF THE PROPERTY (See IN 1998)  14. MANTHE STRUE  15. WAS DECEMENT OF THE PROPERTY (See IN 1998)  16. MANTHE STRUE  17. MANTHE STRUE  18. MANTHE STRUE	Maryland Fr	UNTY		rederick				1 VES 2 NO	
The North Married   Married   Option   Property   Pro	6A South Bentz		ALUG APIACO	2	1701		II.S	i.A.	
Benefative State of the Control of t	1 Never Married 2 Married	FORCES? 1 YES	2 V NO	If yes, speci	fy Cuben, Mexice	n, Puerto Rican, etc.)	BI	lack, White, etc. pecify:	
The Marches Name (First, Middle, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan Community)  The Informative Name (First, Marchan	(Specify only highest (	grade completed)	(Give kind of wo	ork done during most of	of working	16b. KIND OF BU	ISINESS/INDUSTRY		
196. MALINA ADDRESS (Stored and Number of Parall Proble Number). City or Town. State. 2p Code)  261 Wyngate Drive Frederick. Maryland 21701  262 NAME AND ADDRESS (Frederick. Maryland 21701  263. PART I. Cornwatton 3   Removel from State   20 c. IDCATION — City or Town. State   20 c. IDCATION — City or Town. State   21 c. Denoted 10 c. D	12 years		Beautic		6. MOTHER'S NA			auty Shop	
20. PLACE OF DISPOSITION   Termination   Ter		Stevens	19b. MAILING A	ADDRESS (Street and					
1 (A guide 2   Commission 3   Removal from State   Coher (Report)									
INMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O	21. SIGNATURE OF PRIVERAL SERVICE  23. PART I. Enter the diseases,	or complications that cause	d the death. Do no	Robert 1201 N	E. Dai	ley & Son	, P.A.	rick Maryl:	
New York of the Control of the Contr	IMMEDIATE CAUSE (Finel disease or condition	· Pn	eumo		7-	/. L.		Onset and Deat	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Pest 2 NO  27. MANNER OF DEATH  28. DATE OF INJURY  1 Norming 1 OPEN NUMBER  28. DATE OF INJURY  1 Norming 1 OPEN NUMBER  28. DATE OF INJURY  1 YES 2 NO  29. DATE OF INJURY At home, farm, street, factory, office  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only o	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e		- Chi	C4 -1	Leuren	n 1 / 1	jours	
EXAMINER?  1 YES 2  27. MANNER O/ DEATH  1 Netural  2 Accident  3 Suicide  4 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office  4 Homicide  29e. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29u. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)  Casper Cline MD 300 West Ninth Street Frederick Maryland 21701	PART II. Other aignificant cond	itions contributing to death	but not resulting in		cause given in	PERFO	RMED?	COMPLETION OF CAUSE OF DEATH?	
27. MANNER OF DEATH    Netural   5   Pending   Investigation   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   3   Suicide   4   Homicide   Certifier   2   Accident   3   Suicide   4   Homicide   Accident   4   Homicide   4	EXAMINER?	HOSPITAL:		OTHER:					
29a. CERTIFIER (Check only one)  29a. EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)  29d. DATE-SIGNED (Month) Day Year)	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	25b. TIME	OF 26c. INJUF	TY AT		INJURY OCCURED	)	
Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  291. SIGNATURE AND TITLE OF CERTIFIER.  292. LICENSE NUMBER  294. DATE SIGNED (Month Day Year)  30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)  Casper Cline MD 300 West Ninth Street Frederick Maryland 21701	3 Suicide a Could no	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, st			251. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Casper Cline, MD 300 West Ninth Street Frederick, Maryland 21701	(Check only	and the second s						se(s) and manner as stated.	
Casper Cline, MD 300 West Ninth Street Frederick, Maryland 21701	290. SIGNATURE AND TITLE OF CER	TIFIE	~ 1	- F	290. LICENSE NUI	MBER	29d. DATE SIG		
an interest a state of the stat	1	MD 300 West	Ninth Str		erick.	Maryland	21701		

DIRECTOR Pages Maryland Frederick Middletown permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE the burial-transit 6731 Burkettsville Road 21769 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 100 IF YES, GIVE WAR OR DATES 1t. MARITAL STATUS **MARYLAND 21215-0020** 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ri t ☐ YES 2 NO Specify: BΥ 3 Widowed 4 Divorced use as I COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe ò Elementery/Secondery (0-12) College (1-4 or 5+) 8 5 should be detached Painter 17. FATHER'S NAME (First, Middle, Last) Howard Smith notified at Beulah Corum BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Nancy Dickensheets 6731 Burkettsville Rd., Middletowh, Md. 21769 BALTIMORE, page pe 20e METHOD OF OISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method 20b. PLACE AND DATE OF DISPOSITION (Name of must director, Resthaven Mem. Gardens 9-20-1991 Frederick, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE the funeral Richard M00255 filled in by the filon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final and completely fille burial, cremation, other traumatic event, the disesse or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO OR CERTIFICATION Sequentially list conditions, has been signed by the attending physician at Dept. of Health and Mental Hygiene prior to 1 1 23 shows any Injury, or other traums if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying cause given in Part I. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL tem 26. PLACE OF DEATH (Check only one) FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 27. MANNED OF DEATH 26e. DATE OF INJURY marked, 26b. TIME OF 26c. INJURY AT WORK? Natural 2 April BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) ETED. 3 Sulcida 6 Could not be Item 28 4 | Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner es stated. MPORTANT: IL 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIE TO THE H TO THE P De filed w BE 29c. LICENSE NUMBER 2 DEATH (ITEM 27) (Type, Print) 300 West Ninth Street, Frederick, Md.

Dr. Casper E. Cline III

SFP18

1991

MD 32. AGGISTRAR'S SIGNATURA PANDER

CERTIFICATE OF DEATH

IF UNDER t YEAR

10c. CITY, TOWN OR LOCATION

Frederick

HOURS

Howard Leroy SMITH

6. AGE (In yrs. last birthday)

YRS.

53

0

5. SEX

Frederick Memorial Hospital

MIX M 2 F

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

217-32-6175

10e, STATE

nWas

9s. FACILITY NAME (If not institution, give street end number)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF OEATH 3. TIME OF DEATH YEAR MONTH IF UNDER 24 HRS. 7 DATE OF BURTS June 12, 1938 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY 1 YES 2 XXIO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Painting 18. MOTHER'S NAME (First, Middle, Maiden Sumame) DATE 20c. LOCATION — City or Town, State 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home 106 Bast Church St., Frederick, Md. 21701 Approximete Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month Day

THE TOTAL DEPART

217-32-0175 AN 53 June 12,1936 Expired

ration energy to receive

wery land recertek wie letewe

officertsville Road DEON Silver

XX.

X wite

S sinter sinting

- oward Smith

hrs. Namely Dickersheets 6731 Barkettsville No., Viddletown, Md. 72760

destricted det. careers -- 2-1-101 reverse, destricted

Aceney and Fasions P.A. Threell Code 100 East Charles St., Proceedings No. 21701

	leat	friend
1	after (	the st
	SITI	in h
	24 ho	Gilland
5	within	plataly
SOLI OF THE COURT, I.S. DON COLOR	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	on a term and a market have been shown along the other charistes and accordance filled in her the tree
3	De ex	ninn n
	ficate	mbu ani
	r certi	ndina
5	death	a meen
)	at the	4
	es th	booo
į	requir	-
Į	B law	han h
	===	-
	SICIA	Side of the
,	F	. 44.
	NDING	A 46
•	iii	-

1. OECEOENT'S NAME (First, Middle,	Last)				2. DATE OF MONTH	OEATH DAY	YEA	3. TIME OF OEATH
ANNA MA	RIE SPRI	CH			SEP			21 15
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday		IF UNDER 24 HRS.	7. DATE OF (Month, D			IRTHPLACE (State or Foreign
148 01 0357	1口M2展F	_96 YRS.	MONTHS DAYS	HOURS MIN.	4	-		PENNA.
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH		9c. COUNTY O	OF OEATH
	EALTH CAP	RID.	ANN	APOLIS			ANNE	ARUNDEL
RESIDENCE OF DECEDER	OUNTY	10c, C	ITY, TOWH OR LOCA	ATION				10d, INSIDE CITY
MD	NNE ARUNI	EL	ANNAPOI	LIS				1 YES 2 AND
10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
5107 PIVE	R CRESCEN	T DR.		27.407			IIS	
11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. ARMED		CENOENT OF HISPAI			r No- 14. B	ACE — American Indian, Black, While, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES 2 NO		pecify Cuban, Maxica S 2 ,NO Specif		n, atc.)	s	WHITE
				A				
15. DECEDENT' (Specify only highes		(Give kind o	'S USUAL OCCUPAT of work done during n use retired,)	ION lost of worlding	16b. KI	ND OF BUSI	NESS/INDUSTR	TY.
Elementary/Secondary (0-12)	College (1-4 or 5	HOMEN			1	НО	M TO	
17. FATHER'S NAME (First, Middle, La	ien.	HOPLEST	147171717	18. MOTHER'S NA	ME (Elmt 14)			
MARLES .	WISE WI	TEV				1012000000	urrennaj	
19a. INFORMANT'S NAME (Type/Prin			NG ADDRESS (Street	AMANDA and Number or Rural	Route Number,		State, Zio Code	9)
WILLIAM J.	•	526	EPPING	FOREST	DOAD		VAPOL	
20a. METHOD OF DISPOSITION	2-112-011	20b. PLACE AND DA	TE OF DISPOSITIO		DATE	_	ATION - City of	
1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 6 ☐ Other (Specify		of cemetary, cremator	ory or other place)	CREMATO	1	9/9		EX. VA.
2. SIGNATURE OF FUNERAL SERV	or i wener 11	1						T.A. V.A.
	CE LIMETIBEE	11	22. NAME /	AND ADDRESS, OF FA	CILITY 7	Cha	n - 7	
( D) O. 1	14	11	22. HAME	AND ADDRESS OF FA	Meral	Cha	pel	
Straly,	1 In	la	Ann	apolis,	Md.	2140	l	
23. PART I. Enter the disease shock, or heart to	1 In	I caused the deeth. Do	Ann	apolis,	Md.	2140	l	Approximate Interval Betw
Shock, or heart fa	a, or commications the illure. List only one car	use on each line.	Ann	apolis,	Md.	2140	l	Onset and De
shock, or heart fa	a, or commications the flure. List only one can	create C	Ann	apolis,	Md.	2140	l	Interval Betw
IMMEDIATE CAUSE (Final disease or condition	a, or commications the flure. List only one can	use on each line.	Ann	apolis,	Md.	2140	l	Onset and De
IMMEDIATE CAUSE (Final disease or condition	a, or complications the filure. List only one cast our control of the control of	OP AS A CONSEQUENCE	Anni	apolis,	Md.	2140	l	Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a, or complications the filure. List only one cast our control of the control of	create C	Anni	apolis,	Md.	2140	l	Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Plus OUE TO C.	OP AS A CONSEQUENCE	Anni o not enter the m OF):	apolis,	Md.	2140	l	Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Plus OUE TO C.	OR AS A CONSEQUENCE	Anni o not enter the m OF):	apolis,	Md.	2140	l	Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Plus oue to o	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md •	21401	atory arrest,	Interval Betwonset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Plus oue to o	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md •	2140	atory arrest,	Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Plus oue to o	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md on an cardiac	21401 c or reapire	atory arrest,	Interval Betw Onset and De 24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Plus oue to o	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md on an cardiac	2 1 40 1 c or reapire	atory arrest,	24b. WERE AUTOPSY FINOR ANALABLE PRIOR TO COMPLETION OF CAUS
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Plus oue to o	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md on an cardiac	2 1 40 1 c or reapire	atory arrest,	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Or complications the filture. List only one case a. Purchase OUE TO OUE TO c DUE TO d CAL	OR AS A CONSEQUENCE	Anni o not enter the m OF: OF:	apolis, audode of dylng, aud	Md oh sa cardiad	2 1 40 1 c or reapire	atory arrest,	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death in the conditions in death in the conditions in the	a. Plane of the total of the to	OR AS A CONSEQUENCE	Anni o not enter the m  OF):  OF):  Gin the underlying in the unde	apolis, audiode of dying, audiode of dying, audiode	Part I. 2	2 1 4 0 c or respire	atory arrest,	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death LAST  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO	a. Plane of the total of the to	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resultin	OF):  OF):	apolis pode of dying, audional pode of dying, audional pode of dying, audional pode of dying, audional pode of dying and dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying at the pode of dying, audional p	Part I. 2	2 1 4 0 c or respire	atory arrest,	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death in the conditions in death in the conditions in the	a. Or complications the filters. List only one case a. Public out to out	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):  OF):  OF):  OF):  OTHER:  OTHER:  NUMBER:  Ann.  26.  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  OTHE	apolis pode of dying, audional pode of dying, audional pode of dying, audional pode of dying, audional pode of dying of distributions of distr	Part I. 24 heck only one) 6 □ Other (S	2 1 4 0 c or reapiro	UTOPSY JURY OCCURE	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant con EXAMINER?  25. WAS CASE REFERRED TO MEDIEXAMINER?  27. MANNER OF DEATH  1 Natural 6 Pendin Investig 3 Suicide 6 Could 1	a. Or complications the filters. List only one case a. Public of the case of t	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resultin	OF):  OF):  OF):  OF):  OF):  OTHER:  OTHER:  NUMBER:  Ann.  26.  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  OTHE	apolis pode of dying, audional pode of dying, audional pode of dying, audional pode of dying, audional pode of dying of distributions of distr	heck only one)  6 Other (S  286, DESCR	2 1 4 0 c or reapiro	UTOPSY JURY OCCURE	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cores and the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cores of the cause of	a. Or complications the filters. List only one case a. Public of the case of t	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):  OF):  OF):  OF):  OTHER:  OTHER:  NUMBER:  Ann.  26.  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  AND  OTHER:  OTHE	apolis pode of dying, audional pode of dying, audional pode of dying, audional pode of dying, audional pode of dying of distributions of distr	heck only one)  6 Other (S  286, DESCR	2 1 4 0 2 c or reaping to reaping the control of th	UTOPSY JURY OCCURE	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant con  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 6 Pendin investig 3 Suicide 6 Could detarm  29a. CERTIFIER (Check only 1 CERTIFYING)	a. Pure to OUE TO OUE TO C. Due TO d. OUE TO d. OUE TO C. Due TO C. Due TO d. OUE TO C. Due TO C	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	ng cause given in	heck only one)  The Country of the Country of the Country or the C	2 1 4 0 c or respire	STORY STREET,  STORY STREET,  STORY OCCURE  STORY OCCURE  STORY OCCURE	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 6 Pendin Investig 3 Suicide 6 Could determ  29a. CERTIFIER (Check only 1 CERTIFYING CORE)	a. PLUS OUE TO  a. PULL TO  DUE TO  C. DUE TO  d. CAL HOSPITAL: 1 Inpatient 2 ( Month, L.  gettion not be ined  PHYSICIAN: To the best of	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	ng cause given in  PLACE OF DEATH (C)  PUBLIC AT AT YORK?  1 YES 2 NO	heck only one)  The Country one of the Country or one of the count	La. WAS AN A PERFORM  YES 2  Specify)  ON (Street at flown, State)	STORY STREET,  STORY STREET,  STORY OCCURE  ON NO  JURY OCCURE  ON	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 6 Pendin Investig 3 Suicide 6 Could determ  29a. CERTIFIER (Check only 1 CERTIFYING CORE)	a. Or complications the liture. List only one case a. OUE TO OUE TO OUE TO d. OUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	ng cause given in  PLACE OF DEATH (C)  PUBLIC AT AT YORK?  1 YES 2 NO	heck only one)  6 □ Other (S  28d. OESCR  28f. LOCATI City or  a to the cause e time, date an	La. WAS AN A PERFORM  YES 2  Specify)  ON (Street at flown, State)	JURY OCCURE  There as stated.	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant context in the context in th	a. PLACE CAL HOSPITAL: 1   Inpartant 2 [  Input	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	ng cause given in  PLACE OF DEATH (C)  PURCENSE NO  PLACE OF DEATH (C)  PURCENSE NO  PLACE OF DEATH (C)  P	heck only one)  The Country one  The Cou	La. WAS AN A PERFORM  YES 2  CON (Street at Town, Stele)	JURY OCCURE  JURY OCCURE  And Number or Richard Stated.  Jury Occure	Interval Betw Onset and De  24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Note that the prior of
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant context in the context in th	a. PLACE CAL HOSPITAL: 1   Inpartant 2 [  Input	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	ng cause given in  PLACE OF DEATH (C)  PURCENSE NO  PLACE OF DEATH (C)  PURCENSE NO  PLACE OF DEATH (C)  P	heck only one)  The Country one  The Cou	La. WAS AN A PERFORM  YES 2  CON (Street at Town, Stele)	JURY OCCURE  JURY OCCURE  And Number or Richard Stated.  Jury Occure	Interval Betw Onset and De  24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Note that the prior of

and file the same of the same

Tra		1, 2,		
'h.*		. Papes	n A	-
BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3146,	cuted wi	д сошрі	unal, cre	lic ever
X 1	e be exe	sician an	nior to b	traumal
O. B(	certificat	Sing phys	ygiene p	other
S, P.	e death	he attend	Mental H	Jury, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	es that th	ned by t	alth and	s any in
REC	w require	been sig	pt. of He	3 show
ITAL	V: The la	icate has	State De	Item 2
OF V	HYSICIA	his certif	with the	ked, or
NOI	NDING P	R: After t	er death	is mar
SIVIS	DR ATTE	DIRECTO	nours after	tem 28
	DSPITAL	INERAL	filed within 72 hours after	INT: If I
	TO THE HOSPITAL DR ATTENDI	TO THE FL	be filed wi	IMPORTANT: If Item 28 is 1

	FOR STATE REGISTRAR	STATE OF		/ DEPAR				D MEN	TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH		EAR	3. TIME OF DEATH
	HOWARD LANE	C	STOKES	3					ept. 1			м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1	YEAR	IF UNDER 24 HF	RS. 7. D.	ATE OF BIRTH	_	BIRTH	PLACE (State or Foreign
	213-18-2119	1 X M 2 F	70	YRS.	MONTHS	DAYS	HOURS MI		b.18.1	007	Country	
	9a. FACILITY NAME (If not institution, give si	treet and number)	10		9b. CITY T	TOWN OF	LOCATION O		D. 18.1	9c, COUNT		ryland
FUNERAL DIRECTOR	Anne Arundel M		Cente	r			olis	, DEATH				Arundel
S .	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR	LOCATI	ON					10d. INSIDE CITY
<b>E</b>	Maryland Ann	e Arund	T . T	Α	nnap							LIMITS?
51	10e STREET AND NUMBER	e arunc	rer	- D	IIIIa	-	ZIP CODE			10a, CITIZE	N OF V	WHAT COUNTRY?
A						10						
빌	1322 Bay Rid				T		2140					.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S.						IIGIN? (Specify Yea irto Rican, atc.)	or No- 14	Bleck	— American Indian, c, White, atc.
₽	3 X Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 [	☐ YES	2 NO S	pecify:			Speci	
	15. DECEDENT'S EDU	O ATION	100	DECEDENT'S		011047101			16b. KIND OF BU	NAME OF TAXABLE		ite
쁘	(Specify only highest grade	completed)	108.	(Give kind of v	vork done du	uring mos	t of working	- 1	160. KIND OF BU	SINESS/INDUS	o i ri i	
ا ۳	Elamentary/Secondary (0-12)	College (1-4 or 5	+)					- 1	~			
₹	8			Mech	anic				Green		1g	Dairy
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)							·	rst, Middle, Maiden			
H	John E. Stoke	s. Sr.							. Carr			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS (	(Street ar	d Number or A	lural Route	Number, City or Tow	n, State, Zip C	ode)	
2	Linda Covingt	on		722	Kuet	he	Driv	e. A	nnapol	is. M	iD.	21403
	20s. METHOD OF DISPOSITION		20b. PLA	CE OF DISPOS			etery, crematory			CATION - CH		
- 1	1 M Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from Stata		place)	Com	10+	2 20 37	0 /1 0	An	nanol	ie	MD
	SIGNATURE OF FUNERAL SERVICE LIN	CENSEE/) /	7	CLEST	22. N	AME AN	D ADDRESS O	F FACILITY	An	Habol	-1.0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	42.001	7 8	/		Ta	ylo	or Fu	nera	1 Chap	el		21401
	Jonald XI.	Ju 16	/		14	7 0	louc	este	r St.	Annar	ool	is, MD
	23. PART I. Enter the disesses, or				ot enter t	the mod	da of dyling,	such sa	cardlac or resp	IratDry srres	st,	Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one ca	uae on each I	ine.								Interval Between Onset and Death
- 1		a. CA	Anike	1	118	97						1444180.
	resulting in death)	a. OUE T	O (OR AS A CON	SEQUENCE O	F):							7,5000,
_	_				•	. 1						444
CERTIFICATION	Sequentially list conditions,	b. SCO	O (OR AS A CON	SEQUENCE O	F):		20/01	iney				1
F	If any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease Dr Injury	c. DUE T	O (OR AS A CON	SEQUENCE O	F):							
Ē	that initiated events resulting in deeth) LAST		,		•							
浜		d										-
	PART II. Other significant condition	na contributing t	o desth but no	ot reaulting	In the unc	darlyIng	csuse give	n in Part			24t	. WERE AUTOPSY FINDINGS
S									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES	Z PANO		OF DEATH?
Σ											1	1 YES 2 NO
PHYSICIAN: MEDICAL												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATI	H (Check or	nly one)			
S	1 FES 2 NO	1 Inpetient 2	☐ ER/Outpatient	t 3 🗆 DOA			5 Maelde	ence 6 🗆	Other (Specify)			
H	27. MANNER OF OEATH	26a. DATE ( (Month,	Day, Year)	28b. TIN	IE OF	28c. INJ WO	URY AT RK?	28d	DESCRIBE HOW	INJURY OCCU	IRED	
BY	1 Accident 6 Pending 2 Accident Investigation		cestmen		М	1 🗆 1	ES 2 NO	0				
	3 Suicide 6 Could not be		OF INJURY — A	t home, farm,	atreet, facto	ory, offici	1	28t.	LOCATION (Street City or Town, State		r Rural	Route Number,
TED	4 Homicide determined		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ony or round	,		
E	29a. CERTIFIER  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre						and place, co-	d due to th	e cause/s) and me	nner se state	4.	
MP	and)	E SECTION OF										a) and manner en stated.
29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, end due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause								POSTA LABORA				
295. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, W								D (Month, Dey, Year)				
9 8	Tille In Mill	pa M	10				130	718		•	7-1	17-51
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	USE OF DEATH (	(ITEM 27) (Type	, Print)							
İ	Tolen D. SI	cek8on	1833	fores.	LAN	. 1	eur m	ai	Md	2-18	10 1	/
	31. DATE FILEDOMETRIDOM YES! 100	1 A TEGIST	AR'S GIGNATU	Bonde 82	,,		- Lange					
	2EF 1 9 199	1 June 1	ALL GOOD	1								

T . R . . . . . 

	should	
-	2,3	
	1 390	
	nit. Pa	
	t perm	
ian.	transi	
physic	Dunial-	
guip	s the	
r atter	use a	
o letio	of for	
e hos	etache	0.00
by th	p od	at o
tained	should	Hilland
be ne	age 5	he on
6 та	ctor, p	pille
Page	al dire	nar r
death.	funer	avami
after	by the	ical
hours	ed in	mad
42 ui	ely fills nation,	the
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	and as Hear 22 shows any laters or other traumatic event the medical evantines must be entitled at once
poecule	and c	natie
e pe	Sician Drior to	franch
rtifical	giene g	neher
ath co	tal Hy	20 2
the de	d Men	Indian
s that	ned by	San
equire	en sig of Hea	house
ME!	has be Dept.	23 0
N: The	State	ite m
SICIA	certif	d no
IG PH	ler this	
ENDIN	DR: Aft	o In
THE HOSPITAL DR ATTENDING	THE FUNERAL DIRECTOR: After the filed within 72 hours after death	0
HITAL (	RAL D	2 36 88
HOSE	FUNE	THE REAL
THE	TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death	sepontant. If Her 20 is made
-	-	

1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAI CERTIF	RTMENT OF	F HEALTH A	ND N	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)  John Frank Swaczy	1					2. DATE OF DEATH September 20		YEAR	. TIME OF DEATH
	5. SEX 6. AGE (1)	n yrs. lest birthdey) YRS.			HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) May 4, 191	5 N	Country)	ACE (State or Foreign
1741 Edgewood Hill	,			WN OR LOCATION	OF DE	ATH	Wash	ingt	
10e. STATE 10b. COUNTY	ington		TY, TOWN OR L						Od. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 1741 Edgewood Hi				101. ZIP CODE 21740	)		10g. CITIZI		AT COUNTRY?
	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If ye		Mexice	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACE - Bleck, Specify:	American Indian, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)		work done durir use retired.)	ng most of working	ich	16b. KIND OF BUS	Truc		
10 years  17. FATHER'S NAME (First, Middle, Lest) Nicholas Swaczy		exper	ımentaj	machin 18. MOTHE Ani	R'S NA	ME (First, Middle, Maiden S	Surname)		
190. INFORMANT'S NAME (Type/Print) Barbara R. Swaczy		12304	Monta	anna Ave	٠,	loute Number, City or Your Los Angeles	Cal	if.	
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Ro Ro	SE H111	Cemete	of cometery, cremetery  LY  ALAND ADDRESS  LON.	9	/24 Hage		m, M	aryland
Serold n.	nume	N	Fune	eral Hom	ie	Hage	rstow	m, M	c Street aryland
23. PART I. Enter the diseases, or contained the contained	ist only one cause on e	ech ilne.							Approximate interval Between Onset and Deati
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COUNTY OF AS A  COURT TO JOH AS A  COURT TO JOH AS A			u Ca	rd	un	rling	O'L	lengton
PART II. Other algorificant conditions			g in the unde	riying cause gi	ven in	Part i. 24a. WAS AN PERFOR	MED?	+ 1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEA					
27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	26b, Ti	IME OF 28	Home 5 Ree		6 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not be determined	25e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm	n, street, factory	, office		26f. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	oute Number,
(Orack Only	Check only 1 2 CENTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) end menner ee stated.								end manner en stated.
29b. SIGNATURE AND TITLE OF GERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Ket	mo	)	29c. LICEN	9	MBER 930	29d. DATE	SIGNED (	(Month, Dey, Year)
30. NAME AND ADDRESS OF PERSON WHO  L PA (KC)  31. DATE FILED (Month, Day, Year)	COMPLETED AUSE OF DE	145	w, w	booking	h	-St. Hr	zer	fer	m, Me
SEP 24 '9	June	www.don-	Handell						

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

SEP 23

'9

							9	26769
FOR 1 STATE	S	TATE OF MARYL				MENTAL HYGIEN	_	
REGISTRAR  1. DECEDENT'S NAME (First,	Adjudulin Januar	Ella Virgi		ICATE OF	DEATH	REG. NO.		3. TIME OF DEATH
F/ I	A 1	4	FFE	2		2. DATE OF OEATH		/EAR
4. SOCIAL SECURITY NUMBI	ER 5. S	-	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7/22		BIRTHPLACE (State or Foreign
213-12-709			YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 30,	1904	Country) Virginia
9a. FACILITY NAME (If not ins	atitution, give street a	nd number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
.Western Maryla RESIDENCE OF DEC	nd Center-	1500 PA Ave.		Hagersto	own, MD		Wash	ington
10a. STATE	10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland	Washin	gton		lagersto	wn			1 YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
655 Court	Avenue				21740			USA
11. MARITAL STATUS		WAS DECEOENT EVER				IIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	or No-	I. RACE — American Indian, Black, Whita, atc.
1 Never Married 2 3 Wildowed 4 Divor	Married	F YES, GIVE WAR OR I			S 2 NO Specify			Specify: white
	EDENT'S EDUCATIO			USUAL OCCUPATI		16b. KINO OF BU	SINESS/INDU	STRY
Elamentary/Secondary (0-		llege (1-4 or 5+)	ille. Do NOT u	se retired.)	oat or working			
			sear	stress		manu	factur	ing
17. FATHER'S NAME (First, Mi					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Albert Jac		pbell				Sours		
19a. INFORMANT'S NAME (7)  Russell Zii				,		Route Number, City or Tow St Hagers		Md. 21740
20a. METHOD OF DISPOSITI		20	b. PLACE OF DISPO					ty or Town, State
1 Depuris 2 Crematio	n 3 🗆 Removal f		Rest Hav	-1017,14-1-51	1100			wn, Maryland
21. SIONATURE OF FUNERAL		E '	Nebe aut	22. NAME A	ND ADDRESS OF FA	CILITY	502000	,
600	1M	min	i d	/ MINN	ICH FUNER	RAL HOME		V1 017/0
23. PART I. Enter the di	A J J J	dications that cause	d the deeth. Do					own, Md. 21740
		only one cause on		not enter tha m	oda or dying, suc	ii ea cerdiac or resp	iratory srrei	Interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	el →	Usner	61	Rese.	Dine			Onset and Death
resolving in death)		DOE TO (OR AS	A CONSEQUENCE O	f):		4 :		/
	h	Schite (	legiat	rice Es	applas	ille	_	welk
Sequentially list conditi If any, lasding to immed	diata	OUE TO (OR AS	A CONSEQUENCE O	f): //	1 1			. 1
CAUSE (Diseasa or Inju		MI	ital,	Lerus	, IF.			weller
that initiated events resulting in death) LAS		DUE TO (OR AS	A CONSEQUENCE Ó	F):				
resulting in daath) LAS	d							
PART II. Other significe	ent conditions co	ntributing to deeth	but not resulting	in the underlying	na ceuse alvan in	Pert I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
Leve D. I	Francisco	ILDA.	4 D:A	1010-		PERFO	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
- FYICH	my suce	- Hum	1011	( P	_	1 TYES	10	OF DEATH?
						— I		1 TYES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL			00.0	ACE OF BEATH OF	and only carl		
EXAMINER?		PITAL:		OTHER:	PLACE OF DEATH (C)			
1 YES 2 NO		Inpetient 2 ER/Ou			me 5 Residence	8 U Other (Specify) 28d. DESCRIBE HOW	N IIIBY OCCI	IREA
\ \ \ _	Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO	286. DESCRIBE NOW	INJUNT OCCU	NEO
2 Decident	Investigation	28e. PLACE OF INJUR	V At home form		-1/	204 LOCATION (Pimes	and Alumbar a	- Bural Bauta Mumbar
	Could not be datarmined	building, etc. (Sp	ecify)	anser, ractory, orn		28f. LOCATION (Street City or Town, State	)	THE PROPERTY OF THE PROPERTY O
29a. CERTIFIER 1 CERT	TIFYINO PHYSICIAN	: To the best of my kno	wiedge, death occur	red at the time, day	le and pieca, and due	to the cause(a) and ma	nner as state	1.
anal Constitution	CONTRACTOR OF THE STATE OF THE							cause(a) and manner as stated.
			III SONI TO SAND			7-107-2-1-1		
296. SIGNATURE AND TITLE	< D	. 14	0		29c. LICENSE NU	LLII	29d. DATE	SIGNED (Monte, Day, Year)
30. NAME AND ADDRESS OF	E DEBSON WHO OO	MAN / MI	EATH UTEN AT CO-	a Defeat	1 1 2 0	710		11217
I OU HAME AND ADDRESS OF	WHO CO	LLILD GRUSE OF C	war transfer at the transfer of the transfer o	o, rinnj				

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
1. OECEOENT'S NAME (First, Middle, Last					2. DATE OF D	EATH DAY	VEAR	3. TIME OF DEATH
Bruce Paul STOUT					Septem	ber 19,	1991	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BU	PVPAA	8. BIRTH	IPLACE (State or Foreign
215-48-7307	1 X M 2   F 4	.3 YRS.	IONTHS DAYS	HOURS MIN.	Sept 2	9,1947	Peni	nsylvania
De. FACILITY NAME (If not institution, give			OF CITY TOWN	OR LOCATION OF D			UNTY OF D	
15 Brightwood Dr				rstown	EATH		shing	
RESIDENCE OF DECEDENT			0					3
0e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Wash	ington	Hay	gerstow	n				1 YES 2 NO
0e. STREET AND NUMBER			10	1. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
15 Brightwood Dr	ive			21740			USA	A
1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 K YES	IN U.S. ARMED		CENDENT OF HISPA			14. RACI	E — Americen Indien, k, White, atc.
Never Merried 2 Merried  Widowed 4 Divorced	IF YES, GIVE WAR OR			acify Cuban, Mexico 2 X NO Specia		etc.)	Spec	tty:
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KING	OF BUSINESS/IN		rce
(Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during m retired.)	osl of working				
12	6	Correcti			P	rison		
7. FATHER'S NAME (First, Middle, Last)		T Metheraline	aut_Manr		ME (First, Middle	Maiden Sumeme)		
Eugene E. Stout						dbenner		
9e. INFORMANT'S NAME (Type/Print)		TANK MAILING A	DDDEER /Com of	and Number or Rural				
Raymond J. Sobot	100							4.0
				d Dr., H	agersco			
0e. METHOD OF DISPOSITION    Burlel   2   Cremetion   3   Re	moval from State	ob. PLACE OF DISPOSIT	TION (Name of ce	metery, crematory or	0.404	20c. LOCATION -		
☐ Donation 6 ☐ Other (Specify)		Rest Have	n Cemet	ery	9/21	Hagerst	own,	Maryland
issess or condition sesuiting in death)  sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events seuiting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF)	:			WAS AN AUTOPS' PERFORMED?	Y 241	Onnet and Da  2 clay  6 week
				4	10	YES 2 NO		COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 Inpatient 2 ER/Ou		OTHER: 4 - Nuraing Ho	ne 5 Residence	6 Other (Spe	ocity)		
7. MANNER OF DEATH 1 Return 6 Pending	28e. OATE OF INJURY (Month, Day, Year	Y 28b. TIME INJU	RY	JURY AT	28d, OEŞCRIB	E HOW INJURY O	CCUREO	
2 Accident Investigation 3 Suicide S Could not b	28a PLACE OF INJUI	RY — At home, ferm, st		YES 2 NO	281. LOCATION City or Tox	N (Street and Numb	er or Rural	Route Number,
4 Homicide determined								
(Check only	SICIAN: To the best of my known NER: On the basic of examinate							e) and manner as stated
9b. SIGNATURE AND TITLE OF CERTIF			111111111111111111111111111111111111111	29c. LICENSE NU				
michael 1.	melormed	m.	0.	0 14		294, 0/	-	O (Month, Day, Year)
Mich and Address of PERSON V	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, I	Print)	01 1	1		1.	1 1 2 2 2
DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	GNATUBE .	ne i/	w. 1	Rich	own, l	nary	and 2179
SEP 23	JI gun	a wavidson-ly	andell					

31. OATE FILEO (Month, Day, Year)
SEP 20 '91

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEI	EPARTMEN RTIFICAT	T OF HE	ALTH AND I	MENTAL	HYGIEN			. , ,
		rence Paul	ine	Sı	ummers		2. DATE Sep	of DEATH cember	MY 18,	<sup>3.</sup>	4:55am
	4. SOCIAL SECURITY NUMBER 212-60-4006  90. FACILITY NAME (# not institution, gim	1 🗆 M 2 💢 F	SE (In yrs. last b	YRS. MONTH	DAYS H	F UNDER 24 HRS.	Feb.	Dey. Year)	903	Mary	nce (State or Forek
HOL	Maryland Gene			9b. Cr		imore C			Balti		
- DIRECTOR		erick		Myers		N				1	d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	Rt. #1				10f. Zi	21773			10g. CITIZE	U.S.	A.
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	ED 13	If yes, specification of the term of the t	DENT OF HISPAN by Cuben, Mexices NO Specify	n, Puerto R	? (Specify Yellican, etc.)	s or No 1	Black, W Specify:	American Indian, hile, etc. White
LETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give	DENT'S USUAL kind of work done NOT use retired.	e during most o	of working	16b.	KIND OF BUSINESS/INDUSTRY			
E COMPLET	17. FATHER'S NAME (First, Middle, Last) John Frederick	r Home  18. MOTHER'S NAME (First, Middle, Melden Surname) Lawra Genetta Poffenberger									
TO BE	190. INFORMANT'S NAME (Type/Print) Etta Beard	DDRESS (Street and Number or Aural Abute Number, City or Town, State, Zip Code) 2M Ave., Hagerstown, Maryland 21740									
	20a, METHOD OF DISPOSITION 1	moval from State	St. Pau	DATE OF DISPO	neran	or Cemeter	DATE	0 Mue	rsvill	e. Mo	Stata Uruland
	21. SIGNATURE OF FUNERAL SERVICE	Richett	v	22	. NAME AND	address of fac	YTLIK	ı	504 Ma	in St	reet
	23. PART I. Enter the dideses, or shock, or heert feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one couse or	EUMONI	A	er the mode	of dying, auch	sa cerd	sc or resp	irstory erres	t,	Approximate interval Bate Onset and I
CERTIFICATION											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the un					ause given in i		24a. WAS AN PERFOR 1 YES 2	RMED?	CO OF	RE AUTOPSY FIND ILABLE PRIOR TO MPLETION OF CAU DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO	HOSPITAL:	utpatient 3 🗆	OTHE	R:	E OF OEATH (Che					
ву РНУ	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	Y 2	8b. TIME OF INJURY M	Bb. TIME OF 28c. INJURY AT			28d. DESCRIBE HOW INJURY OCCURED				
LETED	3 Suicida S Could not by determined  29e. CERTIFIER 1 TO CERTIFYINO PHY	28e. PLACE OF INJU building, etc. (S	респу)			I description	City o	Town, Stete)			Number,
COMPLET		IER: On the basis of examina			opinion, death	occured at the t	lime, data i		d due to the d	ause(s) en	
TO BE	30. NAME AND ADDRESS OF PERSON W	ugar M	OEATH (ITEM 2	7) (Type, Print)	29	n/a			≥ 9 /	18 9	nth, Pay, Year)
	Richard Gregor	, M.D.	c/o	Maryla	nd Gen	eral Ho	spit	al			

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randon

and the second s

TO BE COMPLETED BY FUNERAL DIRECTOR

		notified
		must be
	val.	em 23 shows any injury, or other traumatic event, the medical examiner must be notified
	or remo	medica
	cremation,	vent, the
	ate Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	raumatic e
	Hygiene pr	or other t
	nd Mental	Injury.
	if Health air	NOWS BRY
-	Dept. o	n 23 sl
	ate	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
SEP 19 '91

FOR STATE REGISTRAR		STATE OF M		) / DEPAR CERTIF					MENTAL	HYGIEN REG. NO	_	26	172
1. DECEDENT'S NAME (First		George 1	Leon S	LRBAUG	Н	0			2. DATE O	OF DEATH	AY	YEAR 3	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S ECV	S. SEX	6. AGE (In yrs.	SIV D	THU Q	U.	# UNDER	24 1005	7. DATE C	Pa) 6	1,1		ACE (State or Folian
219-46-020	-	1 🕅 M 2 🗆 F	4.4	YRS.		DAVE	HOURS	MIN.	(Month,	29, 1	047	Country)	rland, Md.
9a. FACILITY NAME (If not in		treet and number)	44		9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE		29, 1		NTY OF DEA	
Washington	n Coun		tal		На	ger	stown	n			Was	shing	ton
RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	TY, TOWN OR	LOCATI	ION					1 10	Od. INSIDE CITY
Maryland	Wa	shington				kst							LIMITS?
10e. STREET AND NUMBER		on ing con					ZIP CODE	Ē			10g. CITI		AT COUNTRY?
28 E. Maple	e Stre	et					2	1734	}		U.:	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED						? (Specify Yes	or No	14. RACE -	- American Indian, White, atc.
Never Married 2 X Married FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES							2 XNO		en, Puerto R ly:	ican, etc.)		Specific:	nite
	EDENT'S EDU		16a	DECEDENT'S	work done du			ng .	16b.	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (		College (1-4 or 8	+)	ilie. Do NOT u	ise retired.)				Ant	tenna	& To	wer S	ervice
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTI	HER'S NA	ME (First, M	liddle, Maiden	Sumame)		
James M. S	irbaug	h					I	0010	res S	hephe	rd S	irbaus	h Fletche
19a. INFORMANT'S NAME (	Type/Print)			19b. MAJLING	G ADDRESS	(Street ar							er-arrange
Paulette S:	irbaug	h		28 E.	Mapl	e St	t. Fu	ınks	town,	Mary	land	21734	4
20a. METHOD OF DISPOSIT 1 💢 Burial 2 🗆 Crematic	on 3 🗆 Ram	noval from Stata	of ceme	ACE AND DAT	y or other pla	ace)			DATE			City or Town	
4 🗍 Donation 5 🗌 Other	r (Specify)		Suns	set Me	moria	1 Pa				-91 Cu			
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE					D ADDRES						L Home
1 2 Ca	SUI	11/16	inne	ch	4	15 I	E. W:	ilso	n Blv	d. Ha	gerst	town,	Md. 21740
shock, or h IMMEDIATE CAUSE (Fi disesse or condition resulting in desth)		s	O (OR AS A COR		DF):	00	clu	>	ilean				Onset and Death
Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in deeth) LAS	dieta ING ury	c	O (OR AS A COM										
Tobaling in warmy		d											-
PART II. Other signification	ant condition	ns contributing to	death but n	ot resulting	in the und	derlying	g cause (	given in	Part i.	24a. WAS AF PERFO 1 YES	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
					1								
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (C	heck only on	•)			
1 VES 2 NO		1 Inpetient 2		28b. TH	1	ing Hom	$\rightarrow$	esidence	6 Other	(Specify)	IN ILIEN OC	CHRED	
_	Pending Investigation		Day, Year)		MEOF	WO 1   Y	RK1	□ NO	28d. DES	CHIBE HOW	INJURY OC	COHED	
	Could not be determined	28e. PLACE 6 building	OF INJURY A I, atc. (Specify)	At home, farm,	, street, facto	ory, office	•			ATION (Street or Town, State		r or Rural Ro	ute Number,
29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best o	of my knowledo	e, death occur	red at the tir	me data	and place	and du	e to the cau	use(a) and mu	nner as sta	ted.	
Control only		-1-											and menner as stated.
29b. SIGNATURE AND TITL	13					-		ENSE NU					Month, Day, Year)
	All	1elah				Z	0	111	166		<b>&gt;</b> ,	2/2	18,91
30. NAME AND ADDRESS O	H-					lne	- Au	ie.	Las	1210	سروع	m	d.21748
31. DATE FILED (Month, Day	- 0 10	32. REGISTR	ks, 5 AAR'S SIGNATUR FUMA DAV	RE 4 dson-14	andell			1					

..하하 경찰

		permit. P.		-
	Sician.	rial-transit		
	ending ph	as the bu		
	pital or att	od for use		
	y the hos	oe detache	once.	
	retained b	5 should t	sotified a	
(1)	6 тау be	tor, page	nust be r	
-	ath. Page	neral direc	miner n	
	rs after de	by the fur	dical ex	-
	uln 24 hou	ely filled le nation, or	t, the me	
	cuted with	d complet	tic even	
	ate be exe	hysician ar	r trauma	
	ath certific	tending pl	, or othe	
	hat the de	d by the ai	ny injury	
	requires t	een signer of Health	shows a	
	The law	cate has b State Dept.	Hem 23	
	PHYSICIA	this certifi with the	rked, or	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Power within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	AL OR AT	AL DIRECT 72 hours a	If item 2	
	HE HOSPIT	HE FUNER	DRTANT:	
	10	De 30	IMP	

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPAI	RTMEN	IT OF H	EALTH AND	MENTAL HY		<u> </u>	5773
_	REGISTRAR		CERTIF	ICAT	E OF	DEATH		. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)  MARY	JANE SAUERW	ETN				2. DATE OF DE		9 YEAR	3. TIME OF DEATH
			yrs. last birthday)	IE LINDI	ER 1 YEAR	IF UNDER 24 HRS				7:15 PM
	220-24-8428	1□ M 2 Q F 68	,	MONTHS		HOURS MIN.	(Month, Day, Year) Country)			*
1	Sa. FACILITY NAME (If not institution, give stre		)	Oh CIT	TV TOWN O	R LOCATION OF				IELD PA
d	Dulaney Towson N		r		vson	H LOCATION OF	DEATH	Baltimore		
ับ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
DIRECTO			10c. Cl	TY, TOWN	OR LOCATI	ION				10d. INSIDE CITY LIMITS?
	MD CARE	ROLL	TA	ANEY'	TOWN					1 YES 2 NO
RA					10f.	ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
NE	36 FAIRGROUND AVE					1787			U.S	. A .
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	S 2 NO If yes, specify Cuban, Maxie				PANIC ORIGIN? (Specify Yea or No— lat. RA Ble lcan, Puarto Rican, etc.)  Specify:			
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5 +)	8a. DECEDENT'S (Give kind of life. Do NOT u	work done	e during mos )	t of working	16b. KIND (	OF BUSINESS/INC	WHI'	I.E.
Ž		5#	KINDERC	SARDI	EN TE			DUCATIO	N	
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	NAME (First, Middle, A	laiden Surname)		
8	JOHN CRAWFO	RD ROWE	,				DITH	SIG	LER	
2	19a. INFORMANT'S NAME (Type/Print)						al Route Number, City		Code)	
	MILLIE BOLLINGE	R	3526 0	LD TA	NEYTO	N RD. I	ANEYTOWN M	21787		
	20a. METHOD OF USIN SITION  1 Street Burlat 2 Commenter 3 Section 4 Donation 5 Section 1	from State / cemeta	LACE AND DATE	other place	1)		OATE 20	c. LOCATION —	City or Tow	rn, Stata
	4 Donation 1 Diner (Specify)  21. SIGNATURE OF UNERAL SERVICE MORE	NC NC	DRLAND	<u>CEME</u>	TERY		9/20/91)	CHAMBO	. P	A
	11 0 1/1					TOWER OF	Funeral I	Jomo Ti	na	
	Monald C Vola	we		1 3	0.50	York Rd	Towson	. Md 2	1204	
	23. PART I. Enter the diseases, or so shock, or haert fellure. Li	mplications that caused to at only one cause on eac	he deeth. Do h lina.	not ante	r tha mod	le of dying, su	ich as cardiac or	respiratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CO	1eto	25	ta 1	15°C (	a			Onset and Death
_		DOE TO (OR AS A CO	ONSEQUENCE O	(F): "		^				10
ERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE	La	u	(A	e no 1			4-10
AT	if any, leading to immediate cause. Enter UNDERLYING	20210 (011 70 7 01	onocoocheg o	r.j.	,		Con			9-10
드	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CO	ONSEQUENCE O	F):						illo
듄	resulting in death) LAST									
2	DOTE II ON									+
MEDICAL	PART II. Other significant conditions	contributing to deeth but	not resulting	In the u	nderlying	ceuse given i		AS AN AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								ES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ										YES 2 NO
ÿ I										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSDITAL:				CE OF DEATH (C	Check only one)			
₹S	HOSPITAL: 1   res 2   40   OTHER: 1   Inpatient 2   ER/Outpatient 3   DOA   OTHER: 4   Outpatient 5   Rasidenca 6   Other (Specify)									
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF	28c. INJU WOR		28d. DESCRIBE H	IOW INJURY OCC	URED	
à	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 YE					
ا ۵	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fac	tory, offica		28f. LOCATION (S City or Town,	treet and Number	or Rural Ao	ute Number,
	4 Homicide detarmined						Only or lown,	onuto)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledg	ga, death occurr	ed at the	time, data a	nd place, and du	s to the cause(s) an	d menner as state	ıd.	
S		On the basis of axemination ar								and manner as stated.
U I	29b. SIGNATURE AND TITLE OF CERTIFIED	1				29c. LICENSE NI				Month, Day, Year)
m	Han	1,001		L	10	71.	x501	D ATE	a /	7/4/
2	30. NAME AND ADDRESS OF PERSON WHO	VA CA		,	- 1/	V	LTJO	1 '	7/1	VIV

7600 Osler Dr.
32. REGISTRAR'S HIGHAPORE.

Hans Koetter MD

'91

31. DATE FILED (Month, Day, 1687)

No. Long.

	1 - STATE REGISTRAR	SIAIE UF MARY		MENT OF HEALTH A		REG. NO.		
	1, DECEDENT'S NAME (First, Middle, Last)	h stri	00		2. DA	TE OF DEATH	W	3. TIME OF DEATH
9)	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2	44.4	TE OF BIRTH	14	BIRTHPLACE (State or Foreign
	217-24-5965	1   M 2   F	63 YRS.	MONTHS DAYS HOURS	JA	omh, Day, Year) N. 18,192	28 1	(ARYLAND
NO.	St. Maru's	HODITA		96. CITY, TOWN OR LOCATIO	N OF DEATH	MDS	C. COUNT	Y OF DEATH
RECT	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCATION	UCC	71.013		10d. INSIDE CITY
0		MARY'S COU	INTY MEC	HANICSVILLE				LIMITS?
ERAL	100. STREET AND NUMBER  1285 HILL CLUB RO	AD.		101. ZIP CODE	CEO	10		N OF WHAT COUNTRY?
FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 XNO	13. WAS DECENDENT OF If yea, specify Cuban	Maxican, Puer	GIN? (Specify Yea or to Rican, atc.)	No- 14	I. RACE — American Indian, Black, White, atc.
ED BY	3X Widowed 4 Divorced  15. DECEDENT'S EDUC.			1 TYES 2 XNO	Specify:			Specify: WHITE
ш	(Specify only highest grade of Elementary/Secondary (0-12)		18s. DECEOENT'S U (Give kind of wo life. Do NOT use	ork done during most of working		66. KIND OF BUSINE	SS/INDUS	STRY
COMPL	12TH GRADE		SELF E	MPLOYED		TAVEF		
ш	JOHN GILBERT KLEA	R			E P. A	t, Middle, Meiden Suri RET.T.	name)	
TO B	t9a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number of	r Rural Route No	imber, City or Town, S	tete, Zip Co	ode)
	MAURICE JAMES STR 20a. METHOD OF DISPOSITION	20	GENERAL  Ob. PLACE AND DATE OF	DELTVERY OF			627	y or Town, State
	1  Burial 2  Cremation 3  Ramor 4  Donation 5  Other (Specify)	val from State	OUFFN OF	er place)	9/2			MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	L	1.	22. NAME AND ADDRESS		INER FUNE		HOME, P.A.
	23. PART . Enter the diseases, or co	omplications that cause	the death Do no	P.O. BOX	270 T.F	CONARDTO	IN M	D 20650
	ahock, or heert feliure. L IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ist only one cause on	éech line.	Stem			nc	t, Approximata interval Betw Onset and D
N		DAME TO (OR AS	A CONSEQUENCE OF).					
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF)					
	PART II. Other aignificent conditions	contributing to death	but not resulting in	the underlying cause gi	ven in Part i.	24a. WAS AN AUT	OPSY	24b. WERE AUTOPSY FINDI
MEDICAL						t TYES 2 X		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	05 100 0105 0105							1 10 10 2 10
PHYSICIAN:		HOSPITAL:		26. PLACE OF DE/ OTHER:				
PHY	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY AT		EŞCRIBE HOW INJU	RY OCCUP	RED
D BY	2 Accident Investigation	28s. PLACE OF INJUR	Y — At home, farm, str	M 1 YES 2 O		OCATION (Street and I	Number or	Rumi Bruta Number
ш	6 Could not be determined	building, atc. (Spe	ecify)		- ci	ty or Town, State)	TOTAL OF	THE POOL HUMBER,
COMPLET	29a. CERTIFIER (Check only one)  DEDICAL EXAMPLES			at the time, data and place, a				
	29b. SIGNATURE AND TITLE OF CENTIFIER	On the basis of examination	op and/or investigation,	In my opinion, death occurre	Let the time, de	110-1		-/-/-
TO BE COMPL	1/100			1/	571	19	d. DATE S	1/20/91
-	20 AME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)				///
	31. DATE FILED (Month, Day, Year) SEP 23 '91	32. REGISTRAR'S SIGI	NATURE	L. LEONA	RDTOWN	MARYLA	VD 20	0650
	SEP 23 '91	32. REGISTRAR'S SIGN	4dson-Handel	6				

(4)

2

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH		26775
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH PAY	3. TIME OF DEATH
		Keith	1.8/01/2	Schade	9 11	11/0/5/-
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR F UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) M D
ron	90. FACILITY NAME (If not institution, give str  WITS // IN FOR  RESIDENCE OF DECEDENT	ouaty Ho.	spital	HAGERSTOWN OF LOCATION OF C		ASA ingtow
DIRECTOR	10a. STATE 10b. COUNTY  MD WA.	shington		town or Location ansville		10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 21.5 North	Main St.		101. ZIP CODE 21767	10g.	CITIZEN OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (GNe kind of wo life. Do NOT use	ork done during most of working	16b. KIND OF BUSINESS	S/INDUSTRY
_	17. FATHER'S NAME (First, Middle, Last) Michael	Schade	2	Gayle	AME (First, Middle, Melden Surnen Grove	
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Keith F. Mon	ris		ADDRESS (Street and Number or Rure East St. Fros		s, Zip Cods) 532
	20a. METHOD OF DISPOSITION 1 [X Burlel 2 Cremation 3 Remo	wel from State	other place)	TION (Name of cemetery, crematory or Mem. Park		N — City or Town, State UTS, Md.
	21. SIGNATUME OF FUNERAL SERVICE LIC	-		22. NAME AND ADDRESS OF Eichhorn-McK	enzie Funeral	
1	23. PART I. Enter the diseases, or eahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on	each line.		ich aa cerdiac or respiratory	Interval Between Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	B A CONSEQUENCE OF	:		
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	):		
MEDICAL CE	PART II. Other significant condition	a contributing to death	but not resulting li	n the underlying cause given	n Part I. 24a. WAS AN AUTO PERFORMED? 1 □ YES 2 🗹 N	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (		
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	1 Enpatient 2 ER/O 26s. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME		e 6 ☐ Other (Specify)  28d, DESCRIBE NOW INJURY	Y OCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, a (pecify)		281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
COMPLET	Crieck only			d at the time, dete and place, and o		as stated.  to the cause(s) and manner as stated,
BE CO	296. SIGNATURE AND VITLE OF CERTIFIES	- /	n. D.	29c. LICENSE N	rumber 29d	I. DATE SIGNED (Month, Day, Year)

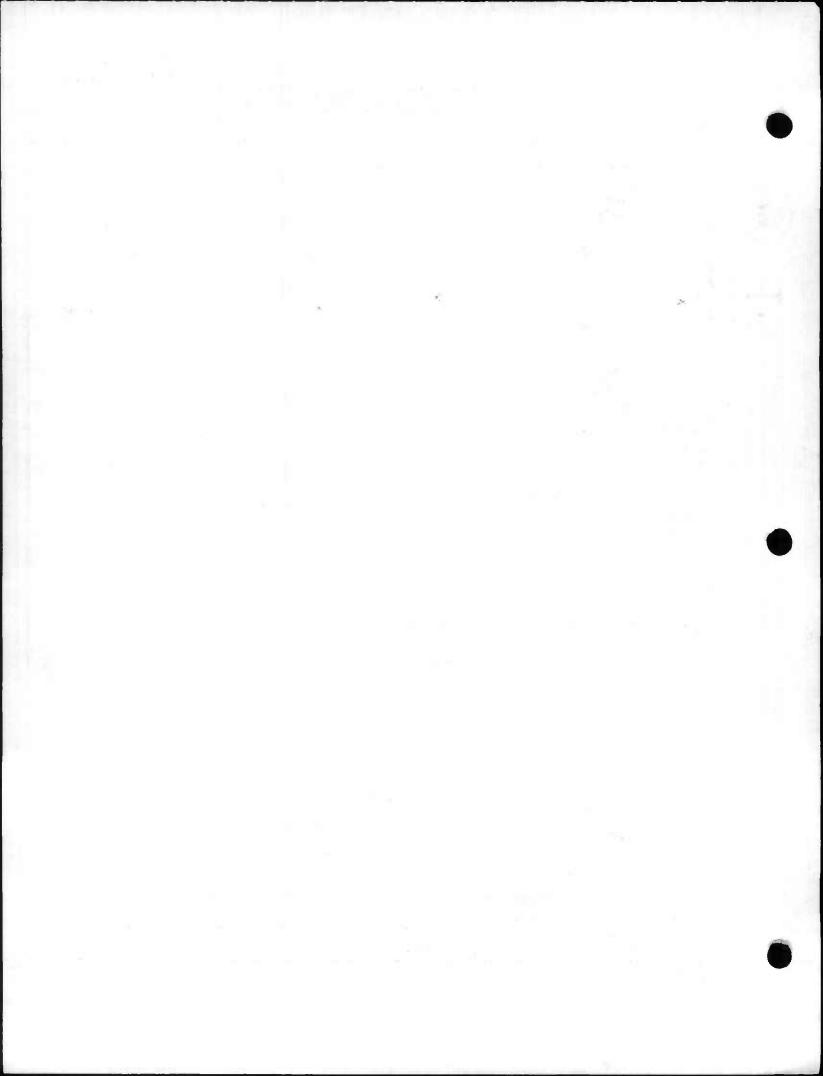
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

M. D. BECKER, M. D. 138 EANTIETAM ST 32. REGISTRAR SHARTURE

29c. LICENSE NUMBER
D 2 9 8 2 2

HAGERSTOWN, MD

21740

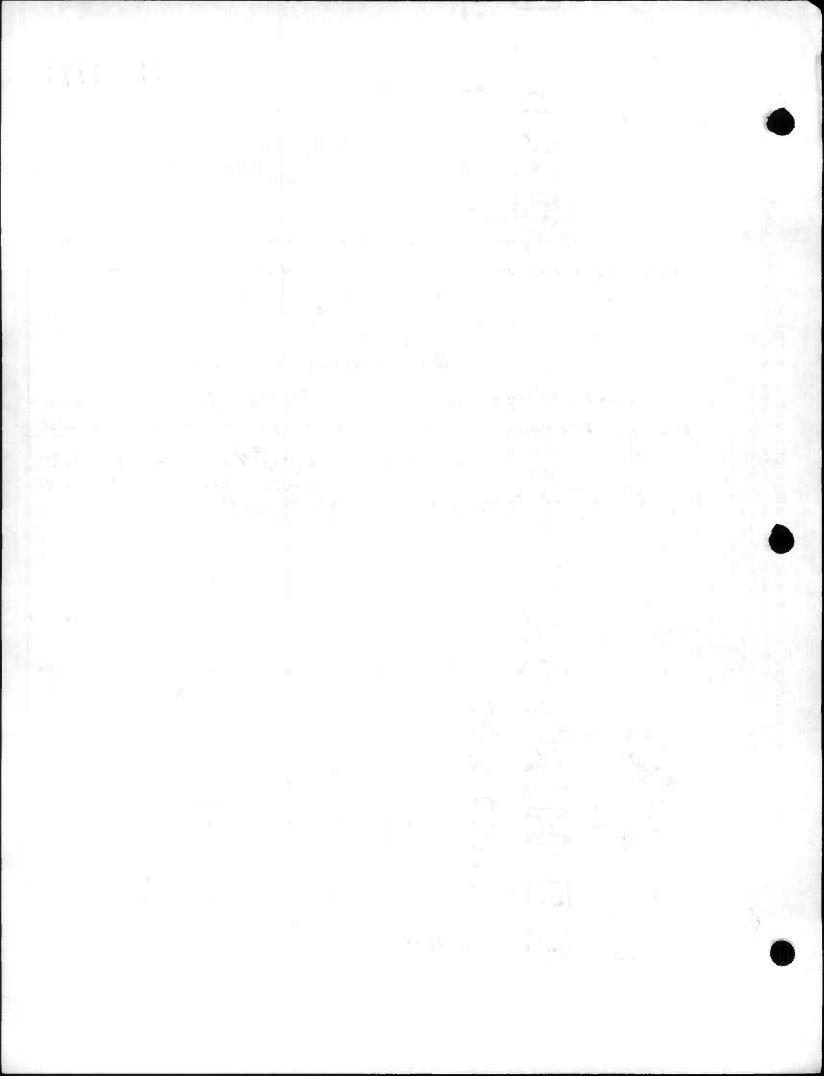


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the investigation of the death of the state bear signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Last)					2. DATE OF DEATH		3. TIME OF DEAT	
WALTER	Elmer	S	HAM	BAUGH		Septembe	r 16.	. 1991 6:28	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Fo	
705-09-4848	1 M 2 F	81	YRS.	MONTHS DAYS	HOURS MIN.	SUN & 28	1910	West Virg	
9a. FACILITY NAME (If not institution	, give street and number)	1		9b. CITY, TOWN	OR LOCATION OF D		_	INTY OF DEATH	
Memorial Hosp	d+al			Cumbe	rland			A1100000	
RESIDENCE OF DECEDE				Cumbe	LIANG		1 4	Allegany	
	COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY	
west Var	Morgan	<i>'</i>	6	reat C	acapon	V		1 🗆 YES 2 🔀	
10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?	
HCR BOI	x 119-19			Land of the	2542	22		USA	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. ARM 1 YES 2 KING E WAR OR DATES	MED	II yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	14. RACE — American India Black, White, atc.  Specify: Whi7		
16. DECEDENT (Specify only higher		16a. DEC	EDENT'S	USUAL OCCUPATI	ON of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or	5+)		work done during management (a)					
12		Ba	40	Railra	ad	Rai	110	ad	
17. FATHER'S NAME (First, Middle, L		,			16. MOTHER'S N	AME (First, Middle, Maider	Surname)		
Samuel	sham	baugh			ma	rx Ha.	NSTO	oTe	
19a. INFORMANT'S NAME (Type/Prin			MAILING	G ADDRESS (Street		Route Number, City or Tox			
Dorothy D	eremen	1	101	2 Box	119-1	9 Great	+ Co	acapon, h	
20a. METHOD OF DISPOSITION	411011111111111111111111111111111111111			E OF DISPOSITION				- City or Town, State	
1 Burial 2 Cremation 3 4 Donation 5 Other (Specif		of cemetary.	cremator	y or other place)	remator	9/5/	Porte	prick, ma	
21. SIGNATURE OF FUNERAL SERV	/ICE LICENSEE		1160	22. NAME A	ND ADDRESS OF F			o Baltimore	
, C	ta. Ri	0 1							
comes	u, Ru	cede As 1		CUMI	berlan	id, Md.	21	502	
Sequentially list conditions, if any, leading to immediate	any, leading to immediate								
T ANNOS ENTER LIMITEDI VINIO	C	TO (OR AS A CONSEC	UENCE	OF):	10				
couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d. Ve	nticu	You	NH	rky	man	,		
CAUSE (Disease or injury that initiated events	d. Ve	nticu	* Or seulting	in the underlying	ng cause given in	Part I. 24a. WAS A	N AUTOPSY		
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d. Ve	nticu	Localiting	in the underlying	ng cause given in	PERFO	RMED?	24b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d. Ve	nticu	X On	in the underlying	ng cause given in		RMED?	AVAILABLE PRIOF COMPLETION OF OF DEATH?	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d. Ve	nticu	You	In the underlying	ng cause given in	PERFO	RMED?	AVAILABLE PRIOR COMPLETION OF	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant co	d. Ve	nticu	XOC			PERFO	RMED?	AVAILABLE PRIOF COMPLETION OF OF DEATH?	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant co	d. Ve	MicM to deeth but not re		26. F	PLACE OF DEATH (C	PERFO 1 YES	RMED?	AVAILABLE PRIOF COMPLETION OF OF DEATH?	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO	d. Ve	to deeth but not re	□ DOA	26. F OTHER: 4 □ Nursing Ho	PLACE OF DEATH (C	PERFO 1 YES  theck only one)  The Check only one)	PRMED?	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	d. Venditione contributing	MicM to deeth but not re	☐ DOA	28. F OTHER: 4   Nursing Ho ME OF 28c. IN UNRY W	PLACE OF DEATH (C	PERFO 1 YES	PRMED?	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendir Investi	d	to deeth but not re	DOA 28b. TF	OTHER: OTHER: OTHER: A   Nursing Ho ME OF   28c. IN UNITY   W M 1	PLACE OF DEATH (Come 5   Residence JURY AT ORK? YES 2   NO	PERFO 1 YES  theck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW	PAMED?  2 N HO  INJURY OF	AMALABLE PRIOR COMPLETION OF OF DEATH! 1   YES 2	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1	d	to deeth but not re	DOA 28b. TF	OTHER: OTHER: OTHER: A   Nursing Ho ME OF   28c. IN UNITY   W M 1	PLACE OF DEATH (Come 5   Residence JURY AT ORK? YES 2   NO	PERFO 1 YES  theck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY O	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendia Invest 2 Accident Invest 3 Suicide 6 Could determ	d	to deeth but not re  2 ER/Outpetient 3  OF INJURY h, Day, Year)  E OF INJURY — At hore	DOA 28b. TF	OTHER: OTHER: OTHER: A   Nursing Ho ME OF   28c. IN UNITY   W M 1	PLACE OF DEATH (Come 5   Residence JURY AT ORK? YES 2   NO	PERFO 1 YES  theck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY O	AMALABLE PRIOR COMPLETION OF OF DEATH! 1   YES 2	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendir Invest 2 Accident 1 Could datarn  29a. CERTIFIER (Check only 1 CERTIFYING)	d	to deeth but not re  2 = ER/Outpetient 3  OF INJURY  n, Dey, Year)  E OF INJURY — At horing, etc. (Specify)	DOA 28b. Ti	28. F OTHER: 4   Nursing Ho ME OF 28c. IN UURY W 1   , street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO Ica	PERFO  1 YES  1 YES  Check only one)  8 Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Stree-City or Rown, State)	INJURY Of	AMALABLE PRIOR COMPLETION OF OF DEATH! 1   YES 2    CCURED  CCURED  CCURED Number,	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendir Invest 2 Accident 1 Could datarn  29a. CERTIFIER (Check only 1 CERTIFYING)	d	to deeth but not re  2 = ER/Outpetient 3  OF INJURY  n, Dey, Year)  E OF INJURY — At horing, etc. (Specify)	DOA 28b. Ti	28. F OTHER: 4   Nursing Ho ME OF 28c. IN UURY W 1   , street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO Ica	PERFO  1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Town, State)  18 to the cause(a) and make time, data and place, a	INJURY O	AMALABLE PRIOR COMPLETION OF OF DEATH! 1   YES 2    CCURED  CCURED  CCURED Number,	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin Investi 2 Accident Investi 3 Suicide 6 Could datam  29a. CERTIFIER (Check only one) 2 MEDICAL E	d	to deeth but not re  2 = ER/Outpetient 3  OF INJURY  n, Dey, Year)  E OF INJURY — At horing, etc. (Specify)	DOA 28b. Ti	28. F OTHER: 4   Nursing Ho ME OF 28c. IN UURY W 1   , street, factory, offi	PLACE OF DEATH (Come 5   Residence   JURY AT ORK? YES 2   NO loca   No loca   Residence   No loca   No loc	PERFO  1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Town, State)  18 to the cause(a) and make time, data and place, a	INJURY O	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  CCURED  CCURED  Take the cause (a) and manner as	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin Investi 2 Accident Investi 3 Suicide 6 Could datam  29a. CERTIFIER (Check only one) 2 MEDICAL E	d	to deeth but not re  2 ER/Outpetient 3  OF INJURY — At horning, etc. (Specify)  t of my knowledge, deepf axamination and/or in	DOA 28b. TF IP me, farm, ath occur	26. F OTHER: 4   Nursing Ho ME OF NURY M   1   , street, factory, offi	PLACE OF DEATH (Come 5   Residence   JURY AT   YES 2   NO   NO   NO   NO   NO   NO   NO	PERFO  1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Town, State)  18 to the cause(a) and make time, data and place, a	INJURY O	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  CCURED  CCURED  Take the cause (a) and manner as	



0	after	,
	Nours	
	24	dist.
5	within	
5	uted	-
0	exec	
5	2	
0	tificate	
ږ	8	
7, 7	death	
Š	he	
5	that 1	
SION OF VIEW RECORDS, P.O. BOA 50750,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	ME	
_	The	
>	SICIAN:	
)	PHY	
2	NION	
n	w	

SEP 1 9 1991

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) ELWOOD A. SWANGER					2. DATE OF DEATH DAY O9-14-1991 YEAR 10:00 P					
	4. SOCIAL SECURITY NUMBER 212-24-008	5 13th m 2 a F   60	E (In yrs. lest birthde	MONTHS DAY	S HOURS MIN.	07-	of BIRTH th, Day, Year) -04-1931		VA	E (State or Foreign	
IOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH ALLEGANY  RESIDENCE OF DECEMENT										
DIRECTOR	100. STATE 10b. CO	UNTY		10c. CITY, TOWN OR LOCATION Cumberland,						10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	100. STREET AND NUMBER Route 4 Box 90			101. ZIP CODE 21502				USA			
B	11. MARITAL STATUS 1 Never Merried	Merried FORCES? 2 YES 2 IF YES, GIVE WAR OR DATES				can, Puerto	NIC ORIGIN? (Specify Yes or No			4. RACE — American Indian, Black, White, etc. Specify: White	
PLEIEU	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind life, Do NO	DENT'S USUAL OCCUPATION  kind of work done during most of working  NOT use retired.)  O repairman			166. KIND OF BUSINESS/INDUSTRY			<b></b>	
BE COMPLET	17. FATHER'S NAME (First, Middle, Less Alvie A. Swang				S NAME (First, Middle, Meiden Surneme)  e B. Crouse						
10	Mrs. Betty Lou Swanger  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) Route 4 Box 90 Cumberland, MD 21502										
	A   Donation   City or Town, State   Cremation   City or Town, State   Cremation   City or Town, State   Condition   City or Town,										
AL CERTIFICATION		or complications that callure. List only one cause of	n esch lina.	o not enter the		MD 2	1502	y arreal	,	Approximats interval Betwee Onset and De	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Onset 2  Onset 2										
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART il. Other aignificant conditions contributing to death but not			resulting in the underlying ceuse given in			24s. WAS AN AUTO PERFORMED 1 YES 2	?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 \( \sqrt{2}'\) NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  40. PLACE OF DEATH (Check only one)  HOSPITAL:  OTHER:										
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investiga	1 Inpatient 2 ER/	RY 28b.	TIME OF 28c	Home 5 Residence INJURY AT WORK?  YES 2 NO	7	28d. DEŞCRIBE HOW INJURY OCCURED				
O BE COMPLETED BY PI	3 Suicide 8 Could no	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street end Number or Rural Route Number, City or Yown, State)					
	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated.										
98	296. SIGNATURE AND TITLE OF CER	mer	29c, LICENSE NUN D14865			MBER 29d. DATE SIGNED (Month, Day, Year)  Q - 1 - 9					
2	DR. ROBUSTIAN	N WHO COMPLETED CAUSE OF BARRERA, M.			SPITAL MEI	O CEN	TER, CUM	3	MD 2	1502	

DHMH-18 Rev 1/89

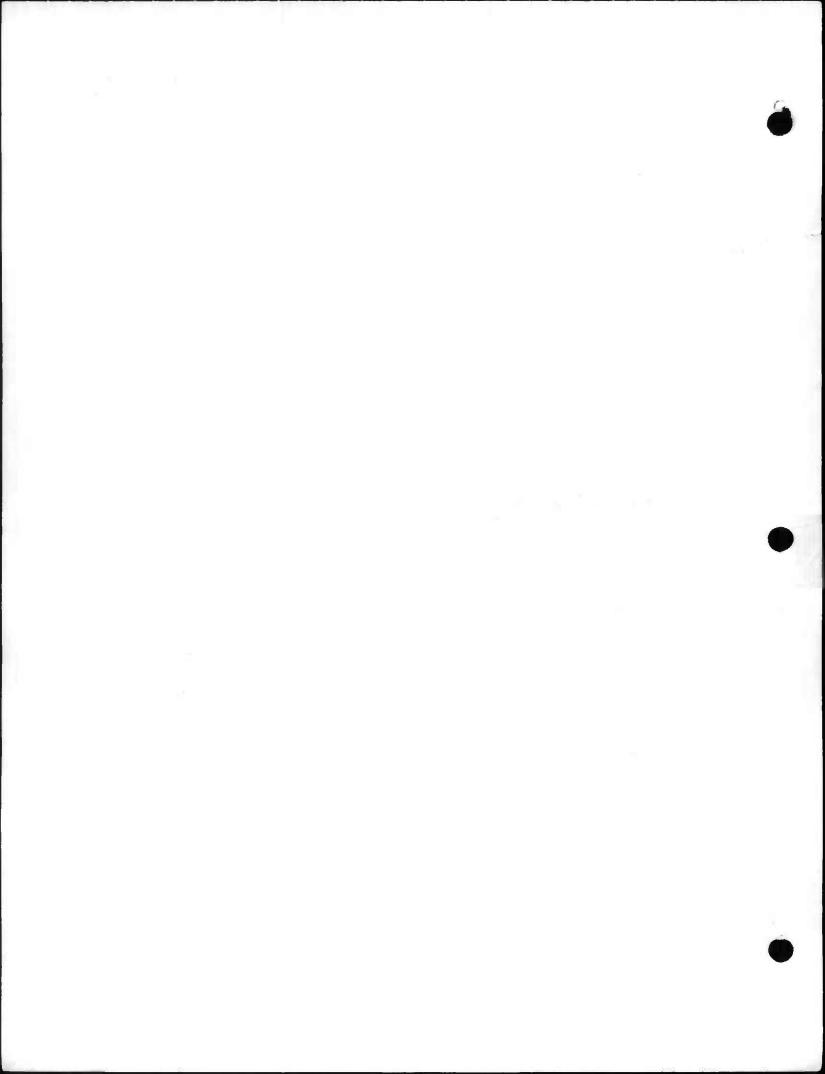
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the control of the funeral director, page 5 should be detached the control of the funeral directors. The control of the funeral directors are controlled to the control of the funeral directors and the control of the funeral directors.	the medical examiner must be notified at once. If the medical examiner must be notified at once.
retained	5 should	notified
6 may be	ctor, page	nust be
th. Page	neral dire	miner 1
after dea	by the fur emoval.	Jicai exa
Samon 42	filled in tion, or re	the med
nithin be	completely al. crema	event,
be execut	ian and o	aumatic
ertificate	ing physic	other tr
e death o	he attend Mental Hy	jury, or
es that th	gned by t	s any In
aw requir	s been si	3 show
AN: The L	ificate ha	r item 2
PHYSICI	this cert	arked, o
TENDING	DR: After	S is me
L DR AT	L DIRECT	Item 2
HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function of the fun	ITANT: II
의표	THE THE	IMPOR

SEP 1 9 1991

32. REGISTRAR'S SIGNATURE

	FOR STATE 1 - STATE REGISTRAR	TE OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND I	REG. NO	E 9	
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DO		
		MAIER, SR.		09-14	, 9	0.1
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 6	SIRTHPLACE (State or Foreign country)
	212-38-6588 XX			03-26-19		MD
OR	9a. FACILITY NAME (If not institution, give atreet and r CUMBERLAND NURSING		96. CITY, TOWN OR LOCATION OF DE CUMBERLAND	EATH	9c. COUNTY	GANY
DIRECTOR	10a, STATE 10b, COUNTY	10c. Ci	TY, TOWN OR LOCATION			tod. INSIDE CITY LIMITS?
	MD Allegany	Cur	mberland,			YES 2 NO
₹.	10e. STREET AND NUMBER		101. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	535 Washington Stree		21502	NO ODIONIO (DII. V.	USA	RACE — American Indian,
BY FU	11. MARITAL STATUS  1	S DECEDENT EVER IN U.S. ARMED RCES? XX YES 2 NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES NO Specif	in, Puerto Ricen, etc.)		Black, White, etc.  Specify:  White
E	15. DECEDENT'S EDUCATION	WW II	S USUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	
COMPLETE	(Specify only highest grade completes Elementary/Secondary (0-12) Colleg 1.2	e (1-4 or 5+)	work done during most of working use retired.)  red attorney at 1	LAW		
M	17, FATHER'S NAME (First, Middle, Last)	10011		AME (First, Middle, Malden	Sumame)	
BE CO	George I. Stegmaier		Mary J	Elizabeth	Kellv	
10	190. INFORMANT'S NAME (Type/Print)  Mrs. Frances V. Ste		G ADDRESS (Street and Number of Rural Jashington Street			
	20s. METHOD OF DISPOSITION  ALX Burlel 2 Cremetion 3 Removal from 4 Donation 8 Other (Specify)	20h. PLACE OF DISP	Paul Cemetery	9-19 Cum	ocation – city	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. 00 1001	22. NAME AND ADDRESS OF FA		DCI ICII	4, 12
	Janes 7 Mc	arsell:	Scarpelli Fu Cumberland,	neral Home MD 21502		
	23. PARTA. Enter the diseases, or compile shock, or heart fellure. List onlimmediate CAUSE (Finel	ly one cause on each line.			eiratory arrest	Approximets Interval Between Onset and Daath
	disease or condition reaulting in deeth) s	DUE TO (OR AS A CONSEQUENCE	did fact	<u> </u>		
z	Sequentially list conditions,					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OF):			
IFI	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEQUENCE	OF):			
E	resulting in deeth) LAST					
MEDICAL CI	PART II. Other significent conditions contr	libuting to death but not resulting	g in the underlying ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				-    -	~	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	26. PLACE OF OEATH (C	theck only one)		
YSI		patient 2 ER/Outpatient 3 DOA	4 Rursing Home 5 - Residence			
ву Рн	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	8a. DATE OF INJURY (Month, Dey, Year)	M 28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	∉D
8		8a. PLACE OF INJURY — At home, farr building, etc. (Specify)	n, street, factory, office	28f. LOCATION (Stree City or Town, Staff	t and Number or e)	Rural Route Number,
COMPLET	(Check only		urred at the time, data and place, and di			
10	29b. SIGNATURE AND TITLE OF DENTIFIER	7	29c. LICENSE N	UMBER	29d, DATE 8	IONED (Month, Dey, Year)
BE (	1000	und	MU D04981		▶ 5	7/18/91

DHMH-18 Rev 1/89



	1		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bunal, cremation, or removal.	isspectant, is them 30 to marked or item 32 shows any indirect traumatic event the medical examinar must be notified at once
ng physi	the buria		

1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH A		NTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  ALTA EFFIE	SHEPHI	ERD	2		2	DATE OF DEATH DAY		YEAR 991	2308 P
216 22 5365	□ MXX F 73	In yrs. lest birthday) YRS.	IF UNDER 1 YE		HRS, 7	DATE OF BIRTH (Month, Day, Year) 12-25-191	7	B. BIRTNPL Courses	ACE (State or Foreign
96. EACHTY NAME (If not institution, give street Allegany Co. Nurs.	ing Home			ERLAND	OF DEAT	N		GANY	тн
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CI	TY. TOWN OR L	WWN OR LOCATION				1	Od. INSIDE CITY
MD Allegany	7		saptow						LIMITS?
Route 5 Box 109				101. ZIP CODE 21502			USA		AT COUNTRY?
11. MARITAL STATUS XX 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		If yo	DECENDENT OF s, specify Cuban, YES 2 NO	Maxican, I	ORIGIN? (Specify Year Puarto Rican, etc.)	or No—	14. RACE - Black, 1 Specify: WILL	- American Indian, White, atc.
15. OECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT a house)	work done during use retired.)	PATION g most of working		OWN ho		JSTRY	
17. FATHER'S NAME (First, Middle 1421) WILLIAM F. UILERY				Mar	tha i	(First, Middle, Meiden S Ann Day			N
Mr. Louis A. Shepl	nerd, Sr.	196. MAILIN Route	G ADDRESS (SE 5 BOX	109 Cre	Aurai Aou	to Number, City or Town, COWN, MD 2	State, Zip ( 1502	Code)	
26a. METNOD OF DISPOSITION  1 월 Burlal 2 ☐ Cremetion 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	I from State R	BELLAWN	Memora	al Gard	ens	9-18 LaVa	le, N		ı, Stata
21. SIGNATURE OF FUNERAL SERVICE LICEN		1.	25 CA		fune	ral Home			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE (	OF): '	eiden T					
PART II. Other algoriticant conditions of their solutions				rlying cause gi	ven in Pa	24a, WAS AN / PERFORI	WED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DE	ATH (Check	conly one)			
	OSPITAL:	patient 3 🗆 DOA	OTHER:	Nome 5 - Res	idenca 6	☐ Other (Specify)			
27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	YRULI	c. INJURY AT WORK?	1.0	ed. DEŞCRIBE NOW IN	JURY OCC	URED	
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spe-	/ — At home, farm clfy)	, street, factory,	office	2	est. LOCATION (Street & City or Town, State)	nd Number	or Rural Ro	ute Number,
cool only	N: To the best of my know On the besia of examination				d at the tir	ne, data and place, and	due to the	e cause(s)	and menner as stated.  Month, Day, Year)
THE MANUFACTURE OF PERSON WHO	arrera, Men	ATH-(1751/127) 127/	968994 i = 1				nd Mr	7-1	8-91
31. DATE FILED (Month), Day, Year)	32. REGISTRAR'S SIGN			rieu Di	.ug . ,	Cuille	IIG FIL	, 210	-02
SEP 1 9 1991 g	hia Davidson-1								

BE COMPLETED BY PHYSICIAN: MED

2

2 Accident

3 Suicide 4 Homicide

ding	s the	
atte	JSe a	
ital or	for	
hospi	ached	69
the	det	5
50	d bl	8 B
etain	sho	100
be i	age 5	De n
5 may	tor, p	ten
age (	direc	E T
Th. P	neral	튵
er dea	the fu	еха
s aft	by t	dica
NORT	led in	THE
in 24	ely fil	th.
1 with	mplete	vent
cute	od co	tic
96 600	ian ar	mm
ate !	hysic prio	er tr
ertific	ing p	oth
ath	rttend rtal H	, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the has such marking 29 hours after death with the State Dent of Health and Mental Horiene notor to hand, command.	IMPORTANT: It Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that	ine di	amy
quires	n sign	10WS
law re	s bec	23 8
The	ate ha	E
SIAN:	he St	0.
HYSIC	nis ce	(eq
NG P	fter th	mari
ENDI	A: A	90
A ATT	RECTT.	m 2
AL OF	AL DI	It Ite
SPIT	INER.	NT
H H	市門	DHTA
TO T	TO T	IMP

	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMEN'				MENTAL HYGIEN REG. NO.	E		26780
	1. DECEDENT'S NAME (First, Middle, Last) PAUL INE	SMITH				H			2. DATE OF OEATH	5° 1		TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 212 32 8205	5. SEX 6.	AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 6 - 0 1 - 0	T	6. BIRTHPLA	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a ALLEGANY COU RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF GEATH CUMBERLAND, MD 96. COUNTY OF DEATH ALLEGANY										
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	UMB1				4			1. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER  112 MASSACHUSE		II E			101	215				S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 IF YES, GIVE WAR	VER IN U.S. AR		13.	If yes, sp	ENOENT	OF HISPAN	IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)		14. RACE — Black, W	American Indian, hita, atc. WHITE
ETED	15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN		(G life	ive kind of . Do NOT u	work done use retired.)	during mo	st of world	ng	166. KIND OF BU			
BE COM	17. FATHER'S NAME (First, Middle, Last) HENRY ABE					18. MOTHER'S NAME (First, Middle, Malden Surname)  BERTHA BELSFORD						
TO B	19a. INFORMANT'S NAME (Type/Print) CHARLES ABE								Floute Number, City or Tow ESAPTOWN		Code) 215	05
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION 20b. PLACE AND OAT						ARK	I.		City or Town,	
	4 Donation 5 Other (Specify) HILLCREST BURIAL PARK 9-14-9 CUMBERLAND  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  GEORGE - UPCHURCH FUNERAL HOME  202 GREENE ST., CUMBERLAND, ME											
	23. PART I. Enter the fileseses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	complications that of List only one cause as	sused the de on each line	eath. Do						iretory arre	est,	Approximate Interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that latitated avantage of the conditions of the cause of the caus											
ICAL CERTII	PART II. Other significant condition	d				nderlyin	g cause	given in	Part I. 24a. WAS AN PERFO	RMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE

26d. DESCRIBE HOW INJURY OCCURED

1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 🗆 Rasidance 6 🗆 Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Natural

28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the

29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER
D 19318

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OLDTOWN RD, CUMBERLAND, MD 21502

DR VIMALA A 1517

31. DATE FILED (Month, Day, Year)
SEP 1 9 1991

32. REGISTRAR'S SIGNA Service Davidson

2. DATE OF OEATH

494JH

1. DECEDENT'S NAME (First, Middle, Last)

	be de	
BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9:00 P CLARENCE EDWARD SHEPHERD 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS WY V 214-10-5949 81 1 X M 2 - F 12-03-1909 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH SACRED HEART HOSPITAL CUMBERLAND ALLEGANY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Cumberland. XX YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1500C Old Towne Manor Apt. 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married XX Married If yes, specify Cuben, Mexicen, Puerto Rice

1 YES XX NO Specify: BY white 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Second dary (0-12) College (1-4 or 5+) chemical engineer Tire Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Wesley Shepherd Mary Emma Stinebaugh BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mary E. Shepherd 1500C Old Towne Manor Apt. Cumberland, MD 21502 20s. METHOD OF DISPOSITION

Lack Burlel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Surset Memorial Park Cumberland, MD 9-21 22, NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cumberland, MD 21502 23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate IMMEDIATE CAUSE (Final Onset and Death resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PROOF TO COMPLETION OF CAUSE OF DEATHS T YES 2 HO PHYSICIAN: 25. WAS CASE REFER VES 2 NO TIT DOS . DATE OF INJURY 38c. INJUNY AT WORK? 28d. DESCRIBE HOW INJUNY OCCURED 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 🔲 Homicide 29a, CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the total of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d, DATE SIGNED (Month, Day, Year) BE WHAT COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bishop Walsh Rd (Vm 925 Grobia Davidson

FUNERAL I within 72 h

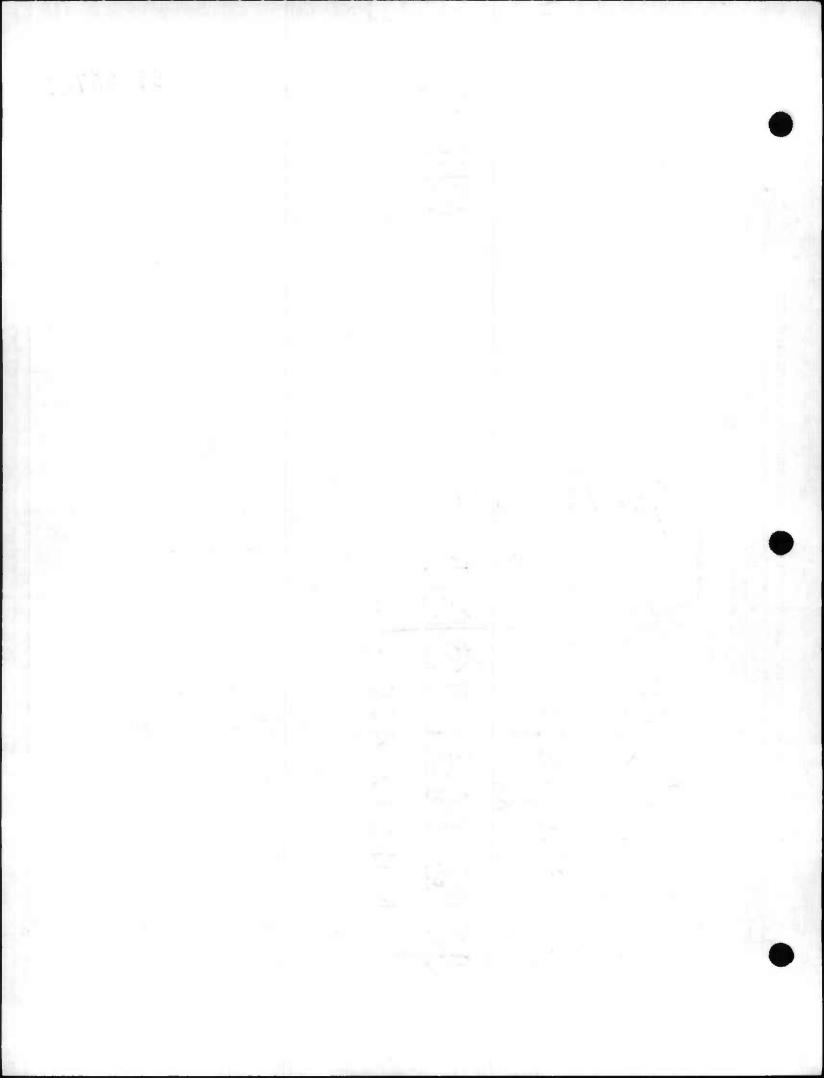
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

marked,

28 ls

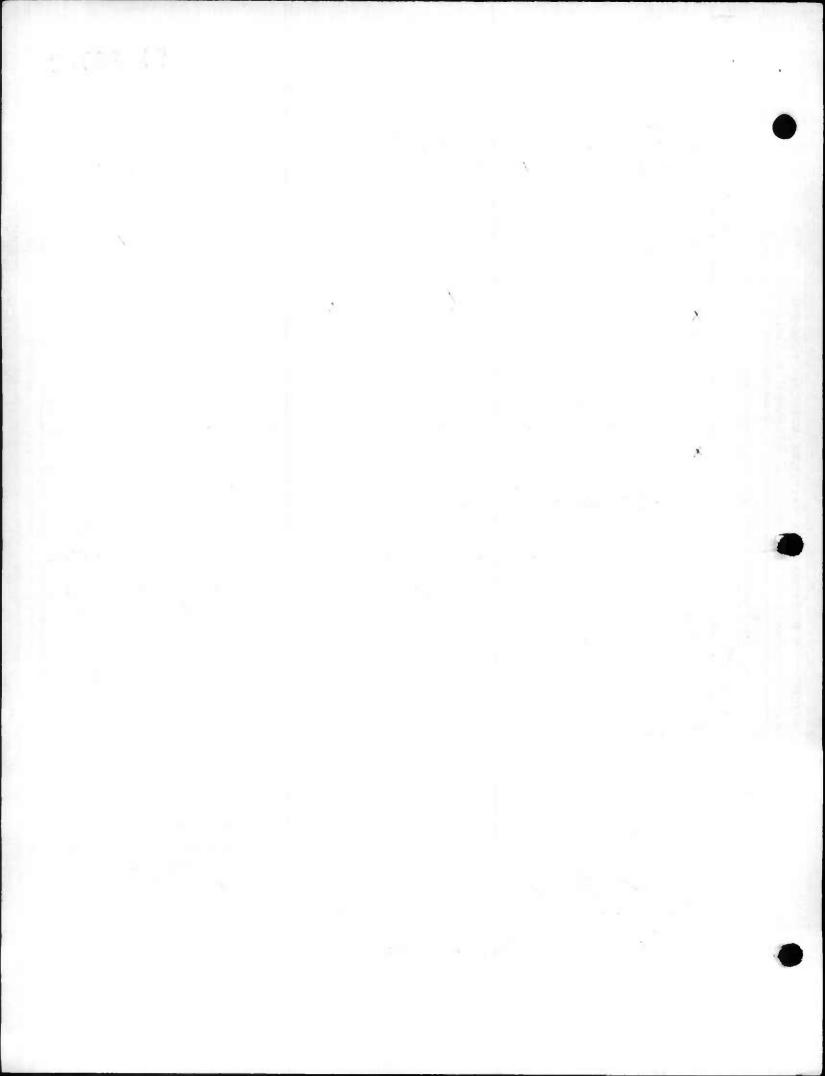
Hem

HOSPITAL OR ATTENDING PHYSICIAN; The



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, contration, or enroral.	fifcate be executed within the ways after death. If physician and completely filled in by the funeral one prior to burial, coemation, or removal.	BALLIMONE, MARTLAND ZIX after death. Page 6 may be retained by the hospital or by the funeral director, page 5 should be detached for a moval.
--	---	--

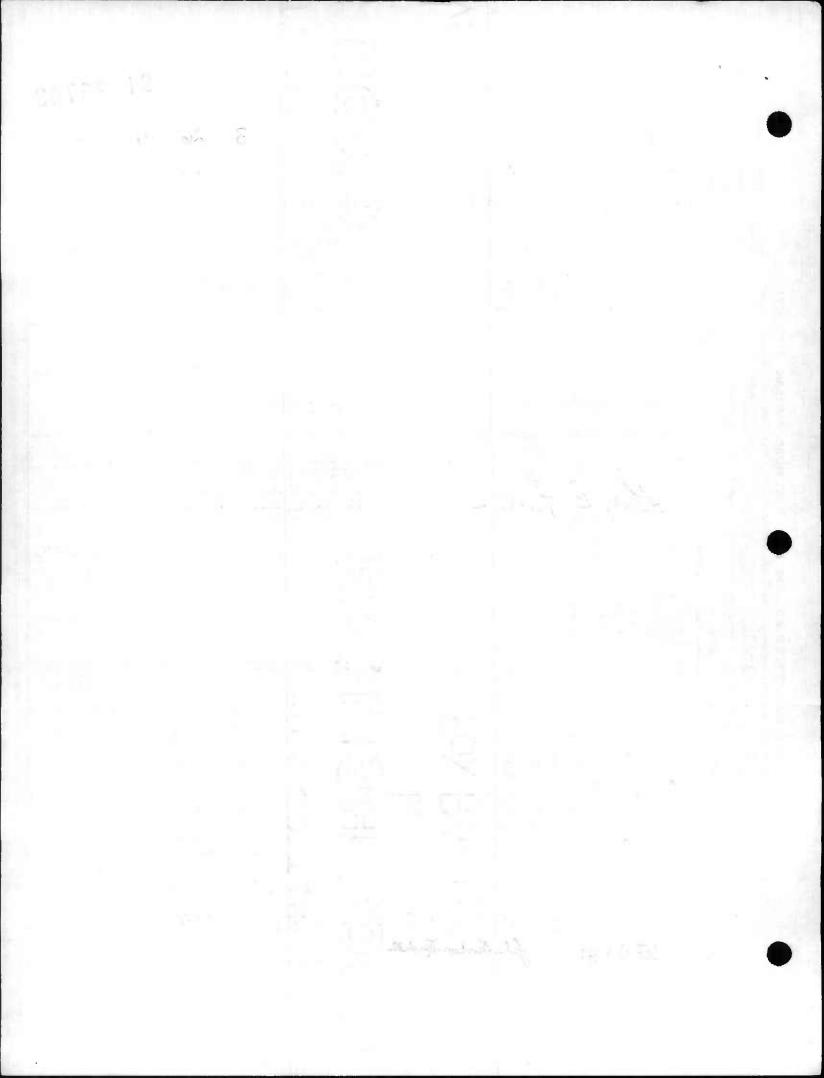
	1 - STATE REGISTRAR	OIME OF IMMITE	CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	EDITH _A.	ЛНОМР			2. DATE OF DEATH	AY Y	3. TIME OF DEAT	H/
	Thomps	For Ed	1+1	A		MONTH O	9	EAR 10 13	O M
Н	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Fo	reign
1	220 16 9770	1 - M 2 KF 9	O YRS.	MONTHS DAYS	HOURS MIN.	March 25	1901	Maryland	
	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
H	Wesleyan Nursing (	Center		Denton			Caro	line	
DIRECTOR	RESIDENCE OF DECEDENT								
#	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY	,
	Maryland Kent		Che	estertow				1 YES 2 🗆	NO
AL	10e. STREET AND NUMBER			1	. ZIP CODE		100	N OF WNAT COUNTRY?	
	Mill St.				21620		USA		
FUNER	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Ya an, Puarto Rican, atc.)	or No- 14	I. RACE — American India Black, White, etc.	en,
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 TYES	2 NO Spech	y:		Specify: White	
2	15. DECEDENT'S EDUCA	TION	18a DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INOUS		
	(Specify only highest grade co	ompleted)	(Give kind of title. Do NOT us	work done during me	ost of working	TOD. KIND OF BU	SINESS/INOUS	IN	
7	Elementary/Secondary (0-12)	College (1-4 or 8+)		Housewi	fe	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
_	Edwa	ard Leiby				ude White	,		
B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)	
2	Willard Thompson	(SON)	114 1	Pine St.	Cheste	rtown, Md.	21620	)	
Н	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c. L.O	CATION — CI	y or Town, State	
	1 Burial 2 Cremation 3 Remov	al from State C	rumpton (	Cemetery	(Sept	10, 1991	Crumpt	on, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	ND ADDRESS OF FA	CILITY D. O. P.	ox # 2	064	
	► \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	11000	2	J. Wi	llis Wel				
-	23. PART I./Enter the diseases, or co	mplications that cause	d the death Do						ata
	// shock, or heart feiture. Li	at only one ceuse on	eech iine.	A	nue or uying, suc	on ea cardiac or reap	matory arres	interval B	etween
	iMMED/ATE CAUSE (Fine)	111	6	1				Onset and	Death
	resulting in death)	DUE TO JON AS	A CONSCOURNCE O	MY				· · · ·	The _
		End	chaple	ina	0-111	brain	Sin	1 -	,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE D	F):	enu	buch	Ty	4 5	7
A	cause. Enter UNDERLYING						0	0	
_	CAUSE (Discess or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
7	resulting in deeth) LAST								
5	PART ii. Other significent conditions	contribution to death	but not requiting	In the codesicle	a sausa ahusa ta	Part i. 24s. WAS AN	. ALFRADAY	Last WEDE ALIEDDAY	m100
K	PART II. Other significant conditions	contributing to deeth	but not resulting	in the underlyin	g cause given in	PERFO		24b. WERE AUTOPSY FI AMILABLE PRIOR	TO
				-		1 [ YES :	NO	OF DEATH?	CAUSE
Z						_		1 _ YES 2 _	NO
PHYSICIAN:									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)			
2	1 VES 2 NO	1 Inpatient 2 ER/Ou				6 Other (Specify)			
7	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Tife	JURY W	JURY AT ORK?	28d, DESCRIBE HOW	INJURY OCCU	RED	
R	2 Accident Investigation	26s. PLACE OF INJUR	W 44 ham 4-		YES 2 NO			5 15 1 11 1	
E	3 Suicide 8 Could not be 4 Homicide datarmined	building, etc. (Sp.	ecify)	street, factory, offi	28	28f. LOCATION (Street City or Town, State		r Hurai Houte Number,	
ц	29a. CERTIFIER		_						
COMPLETED	(Check only	AN: To the best of my kno							
5		On the basis of examinati	on end/or investigati	on, in my opinion,	death occured at the	s time, date and place, e	nd due to the	cause(a) and menner as s	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MI			29c. LICENSE NU	MBER 7 01/	29d. DATE	SIGNED (Month/Day, Year)	
2	JAM JAM	111			123	1204	7	18/91	
	SO MARIE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	11/91	. 7-	tona	mo 2/6.	79
	MADICAL	10000	NO F	000	7/6	e den	ion	THU CIO	4
	SFP 1 1 '91	32. REGISTRAR'S SIG	uidson-Rang						
	11 11 1 1 1 1	- HMANN	I M of Aron A [A CLASS	1017					



DALLIMONE, MANTLAND	24 nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache on, or removal.	he medical examiner must be notified at once.
DIVISION OF VILAE RECORDS, F.O. BOA 86780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Morith, Day, Year)
SEP 0 3 '91

1. DECEDENT'S NAME (First, Middle, Last)				ICATE OF		MDMTH	OF DEATH		YEAR	2678
Iller, Jane						8	2	0	91	1:15 A
4. SOCIAL SECURITÝ NUMBER	5. SEX	6. AGE (In yrs. lest		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DF BIRTH , Day, Year)		8. BIRTI	1PLACE (State or Foreign ry)
220-12-1474	1 M 2 M F	91	YRS.				h 29,1			MD
9a. FACILITY NAME (If not institution, give str	g (en-	ter		0	R LOCATION OF D				NTY OF D	DEATH
10a. STATE 10b. COUNTY			10c, CI1	TY, TOWN OR LOCAT	ION				-	10d. INSIDE CITY LIMITS?
MD	Kent	Allen I	Ch	nestertow	n, MD					1 TES 2 NO
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
RT #5, Box 167					21620				US	SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 2 V N WAR OR DATES X		If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	an, Puarto R		or No—	14. RAC Bind Spec	E — American Indian, ik, White, atc. ://y: Black
15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCUPATION	ON .	15b.	KIND OF BU	SINESS/INI	DUSTRY	
(Specify only highest grade ( Elementary/Secondary (0-12)	completed) College (1-4 or 5	Min		work done during mo ise retired.)	et of working					
6			mema	aker			Hor	ne		
17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S N	AME (First, A	viiddle, Maiden	Surname)		
Charles Harris					Marth	a Rob	inson			
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	G ADDRESS (Street &	and Number or Rural	Route Numb	ber, City or Tow	n, State, Zi	p Code)	
Fletcher Harris	(Son)	R	Rt #5	,Box 168	, Chest	ertow	n, MD	216	20	
20a. METHOD OF DISPOSITION  1 Purial 2 Cremation 3 Remo	and the m Chats			E OF DISPOSITION		OATI		CATION —	City or T	own, Stata
4 Donation 5 Other (Specify)	oval from Stata	_ of cometary.	hua	Chapel C	emetery	8/3	O Ch	neste	rtow	n, MD
. 11 ()	ENSEE				OWS Fund		Home			
23. PART I. Enter the diseasea, or dahock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications the	ARCIN	017	Fell 370 not anter the mo	ows Fundament of dying, sur	eral ess S ch aa card	t., Mi	iratory ar		Approximate Interval Betwood Onset and Do
ahock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition	DUE TO	use on each line	OUENCE (	Fell 370 not anter the mo	ows Fundament of dying, sur	eral ess S ch aa card	t., Mi	iratory ar		Approximata Interval Betw
shock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSEC	DOUENCE (	Fell 370 not anter the mo	OWS Fundaments of the control of the	eral ess S ch aa card	t., Mi	AUTOPSY RMED?	rest,	Approximate Interval Betw Onset and D
ahock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE (	Fell 370 not anter the mo	OWS Fundament of Management of	eral ess S ch aa card U T	1 UNS APPERFO	AUTOPSY RMED?	rest,	Approximate Interval Betw Onset and Do County of Death?
ahock, or heert feilure. I	DUE TO  DUE TO	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE (  OUENCE	Fell 370 not anter the mo	OWS Fundaments of Residence	eral ess S ch aa card U T	24a. WAS AN PERFO	AUTOPSYRMED?	24	Approximate Interval Betw Onset and Do County of Death?
ahock, or heert feilure. I IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO DU	O (OR AS A CONSECTION OF CONSE	OUENCE COUENCE	Fell 370 not anter the mo	OWS Fundament of the control of the	eral ess S ch as card  U T  Part I.  5 □ Othe 28d. DES	24a. WAS AN PERFO	I AUTOPSY RMED?	24	Approximata Interval Betw Onset and Do Complete Autopsy Finding Mailable Priors To Complete Priors of Death?  1 YES 2 NO
ahock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO  DUE TO	O (OR AS A CONSECTION OF CONSE	OUENCE COUENCE	Fell 370 not anter the mo	OWS Fundament of the control of the	eral ess S ch aa card  U T  hock only on 5 □ Othe 28d. DES	24a. WAS AN PERFO	I AUTOPSY RMED? 2 NO	24	Approximate Interval Betw Onset and D. Complet and D. Complet and D. Complet and D. Complet Prior To Complete Prior To Complete Tool Of Death?



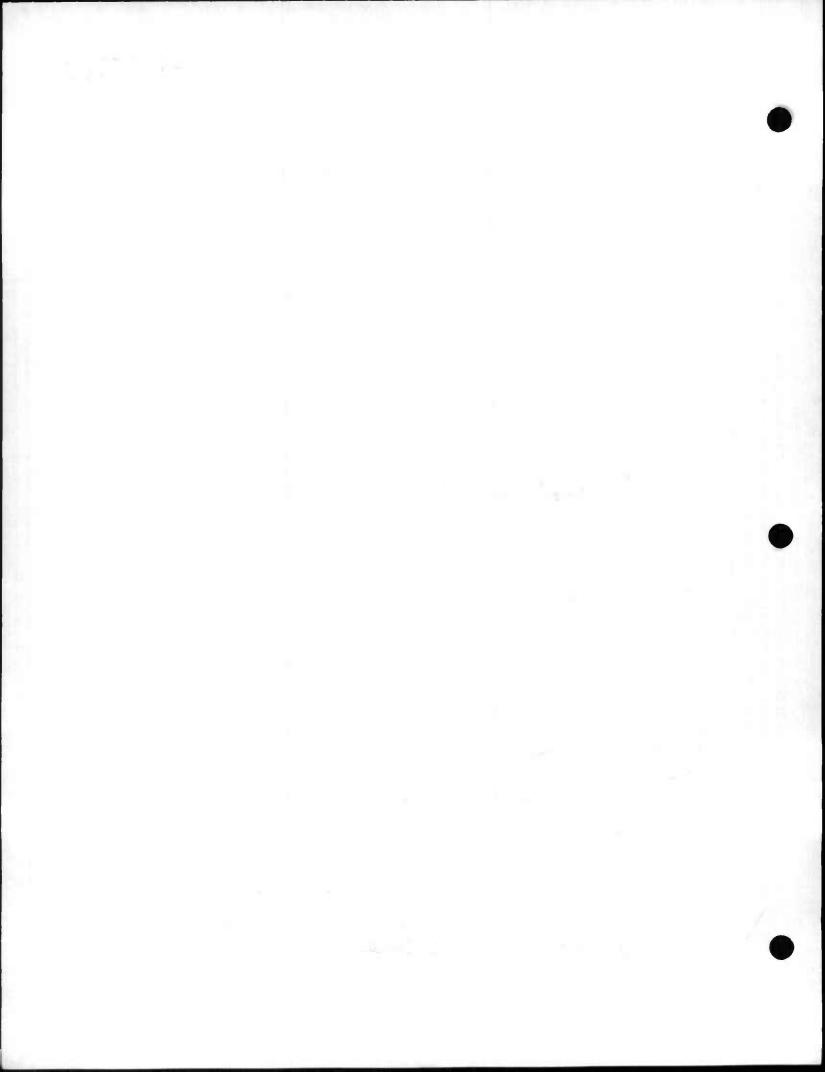
32. SEGISTRABIS SIGNATURE
Julia Davidson-Rondoll

\*

Ki

	8		
	tach		CR
	ah a		10
	d b		6
	hou		Me
	45		100
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	Hor.		Sno
,	direc		D 70
	eral		- Lu
	uny :		ВХЗГ
	the	lova	E .
	5	rem	paip
	led	1, 0	E
	ily fil	ation	š
	plete	rem	ent,
	COM	la.	2
	and	P	atte
	lan	or to	BUT
	hysic	bui	r tr
	d bu	giene	othe
	endi	H.	6
	att e	enta	5
	y th	N	Ī
	A D	h an	amy
	Sign	leaft	188
	Ben	10	sho
	as b	ept.	23
	te ha	te D	E
	ifica	St	=
	cert	of the	1,0
	this	Will	The P
	After	leath	E
	JR: /	ter d	25
	ECIT	Saf	n 21
	DIR	hour	Ten
	RAL	2	= 3
	UNE	ithir	A
	보	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PHI
	O T	e fil	F
	-	C	-

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA	NT OF HEALTH AN	ID MENTA	L HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  FRANCES S		. 71		2. DATE	OF DEATH	YEA					
,	4. SOCIAL SECURITY NUMBER	MITH 5. SEX 6. AGE	THOMAS  (In yrs. lest birthday) IF UNI	PER 1 YEAR   IF UNDER 24 H		16-		09:50 A M				
1	216-18-8440	1 🗆 M 2 💢 F	67 YRS. MONTH	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year 02-04-								
F	96. FACILITY NAME (If not institution, give street end number)  PENINSULA GENERAL HOSPITAL  SALISBURY  1.17.											
6	RESIDENCE OF DECEDENT WIC											
DIRECTO	Maryland Doro	chester	10c. CITY, TOW	Cambri			10d. INSIDE CITY LIMITS? 1 YES 2X NO					
FUNERAL	100 Bayview A	ve.		10f. ZIP CODE 216	513			EN OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HI If yes, specify Cuban, Mo 1 YES 2 NO S	exican, Puerto I	f? (Specify Yes or Rican, atc.)	BI	CE - American Indian, ack, White, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)		e during most of working .)		. KIND OF BUSIN						
MP	11 Years		Bank Te	ller- Assi	stant	Cash	ier					
	17. FATHER'S NAME (First, Middle, Last)  Daniel Harf	ord Cmith		16. MOTHER'S		Middle, Maiden Su						
BE		ord Smith				Kirb	4					
10	196. INFORMANT'S NAME (Type/Print)  Wm. Frederick Thomas  190. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  100 Bayview Ave. Cambridge, Md. 21613											
	20a. METHOD OF DISPOSITION  1 1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE OF DISP metery, crematory or other place Green Laws	9)	OAT	9 Cam	tion — city or					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		. NAME AND ADDRESS OF	F FACILITY			, Mu.				
		R Thomas	8.	700 Locust	St.	eral     Cambr:	idge,	Md. 21613				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or reepiratory erreat, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  But TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART il. Other significant condition	s contributing to dasth I	but not resulting in the	indarlying ceuse given	in Part i.	24a, WAS AN AU PERFORME 1 YES 2	D?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	1 VES 2 NO	HOSPITAL:	patient 3 0 DOA 4 0 N	R:								
¥	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME OF	28c. INJURY AT		(Specify)	JRY OCCURED					
BY	1 Accident 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO								
	3 Suicide 8 Could not be determined	building, etc. (Spe	f — At home, lerm, street, fa	, factory, office 28I. LOCATION (Street and Number City or Town, State)				or Rural Route Number,				
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSICONO) 2 MEDICAL EXAMINE	CIAN: To the best of my know	riedge, death occurred at the	time, date and place, and	due to the cau	se(a) and manner	r an stated.					
/1	296. SIGNATURE AND TITLE OF CERTIFIER	R: On the beals of examination	and an investigation, in my									
	1202	64	IW	29c. LICENSE	6271	21	od. OATE SIGNE	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO David E Conal	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	11 5%	Sali	·be	MA	2/60)				
	31. DATE FILEO (Month, Day, Year) SEP 19 '91	32. REGISTRAR'S SIGN	New dron Pandall		-110	D		- ( 0 )				



TO BE COMPLETED BY FUNERAL DIRECTOR

	2.3	-
BALTIMORE, MARYLAND 21203-3146	IG PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.  Ber this certificate has been somed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1.2 and	, or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-cours after death. Page 6 may be retained by the hospital or attending physician. The FINE RINERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 5 should be detached for use as the burial-trans.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO					
ı	1. DECEDENT'S NAME (First, Middle, Last)				2	2. DATE OF DEATH		3. TI	ME OF OEATH		
	KOUNG-YUEN. T	DAT				DQ /	7 19	学/ 人	4:37 A		
	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest birthday)	UNDER 1 YEAR	UNDER 24 HRS. 7	, DATE OF BIRTH	10	. , ,	E (State or Foreign		
۱			MC		URO MIN.	(Month, Day, Year)		Country)	E (State or Foreign		
	219-29-1998	1-√2 M 2 □ F	80			04 04	05	CHI	NA		
- 1	9e. FACILITY NAME (If not institution, give st		9	b. CITY, TOWN OR L	DCATION OF DEAT	Н	9c. COUNTY	OF DEATH			
8	HARBOR HOSPITA	L CENTER		BAL	TIMORE			_			
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e										
DIRECTOR	MARYLAND A	NNE ARUNI	DEL	GLEN	BURNIE	2			YES 2 NO		
4	10e. STREET AND NUMBER			10f. ZIF	CODE		10g. CITIZEI	N OF WHAT	COUNTRY?		
FUNERAL	1107 NOTTINGHA	M DRIVE			21061		TT	S.A.			
ΞI	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED			ORIGIN? (Specify Ye		RACE - A	merican Indian		
	1 Never Merried 2 Merried	FORCES? 1 1	res 3000	If yes, specify	Cuban, Mexican, 1	Puerto Rican, etc.)		Black, Whit	te, atc.		
BY	3 Widowed 4 Olvorced	IF YES, GIVE WAR O	OR DATES	1   YES 2	NO Specify:			Specify:	INTAL		
	15. DECEOENT'S EDUC	CATION	16e. DECEDENT'S US	HAL OCCUPATION		16b. KIND OF BU	SINESS/INDIES		MINI		
	(Specify only highest grade	completed)	(Give kind of wor	k done during most of	working	IOC. KIND OF DO	OII LOO/II DOO		l		
ا ت	Elementary/Secondery (0-12)	College (1-4 or 5+)	CLERICA			ACCOUN	TOT NO	ETDM	,		
X			CHERICA					LIM			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maider	Surname)				
BE	SHIA-CHI TAO			I	ING-FC	ONG TAI					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street end I	lumber or Rural Rou	ute Number, City or Tox	vn, State, Zip Co	ode)			
2	CHIN-HWA LIU		1107 N	OTTING	HAM DRI	VE-GLEN	BURN	JIE, M	D.21061		
1	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ( Cremetion ) 3 ☐ Rem		20b. PLACE OF DISPOSIT				CATION - CIT				
-	1 Buriel 2 Caremetion 3 Rem	oval from State	METRO CRE	MATORY	TNC 9						
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	4	22. NAME AND A	DDRESS OF FACIL	LITY					
	41	7 62	Imens	RAYMON	D C. F	INK FUN			21061		
	- Lary	4-100	0	426 CR	AIN HW	Y.S.W.G	LEN B	URNII	E,MD.		
	23. PART I. Enter the diseases, for a shock, or heart feliting.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	used the death. Do not on each line.			aa cardlac or reap	elratory arres	t,   	Approximata interval Batwean Onset and Death		
H		DUE TO (OR	AS A CONSEQUENCE OF					-+			
_		UPPEN	6/ BLEE AS A CONSEQUENCE OF):	ning re	ME PEP	TIC VIC	m 1	7/1/2	=14 MONTH		
Ó	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE OF:	or e p	COD. / C.						
A	if any, leading to immediata cause. Enter UNDERLYING	RESPIR	ATONG F	FAILURE ENCE OF):					3DAYS		
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF:	11 - 0 1 0 0				-			
E	reaulting in death) LAST	CAKD	10 Genic	CHOCK	_				3AAYS		
CERTIFICATION		d	1006	- 110-1				+			
	PART II. Other algorificant condition	a contributing to dea	th but not resulting in	the underlying c	ause given in Pa				RE AUTOPSY FINDINGS		
2	ANEMIA					3737	RMED?	COM	LABLE PRIOR TO IPLETION OF CAUSE		
						1 TYES	2 PA NO		DEATH?		
Σ						-			YES 2 NO		
Z								1 1	N/A		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF DEATH (Check	k only one)					
YSI	1 VES 2 NO	1 Inpatient 2 ER		☐ Nursing Home	B Residence 6	☐ Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF INJU	URY 26b. TIME (	DF 28c. INJURY WORK	AT 2	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
ВУ	1 Nstural 6 Pending 2 Accident Investigation	54101 544	CV CV	M 1 YES	2 🗌 NO						
	3 Suicide 6 Could not be	26e. PLACE OF IN- building, etc.	JURY — At home, ferm, str	et, factory, office	18	261. LOCATION (Street		Rural Route	Number,		
Ē	4 Homicide determined	building, etc.	(Specify)			City or Town, Stati	"				
COMPLETED	29e. CERTIFIER										
A P	one)		knowledge, death occurred								
S	2 MEGICAL EXAMINE	ER: On the bests of exami	nation end/or investigation,	in my opinion, deat	n occured at the III	me, date end place, e	end due to the	cause(e) end	menner ee stated.		
BE (	200. SIGNATURE AND TITLE OF CHRESE				c. LICENSE NUMB				nth, Day, Year)		
	4to Mita h	and	_		5-24416	14-55	109	1-17-	61.		
2	30. NAME AND AGORESS OF PERSON WH										
	TITO ANDRES T	ANGUILIC	HARBOY	HOJPI	mi ce	NITH I	BALTI	MK	21230		
	31. DATE FILED (Month, Day, Year)	32. REOISTRAR'S	SIONATURE								
	SEP 18 1991 4	chia Davidson i	Randell.						1		
	7-1 - 0 1001 7	- who would to the will									

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burital, cremation, or removal.
IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

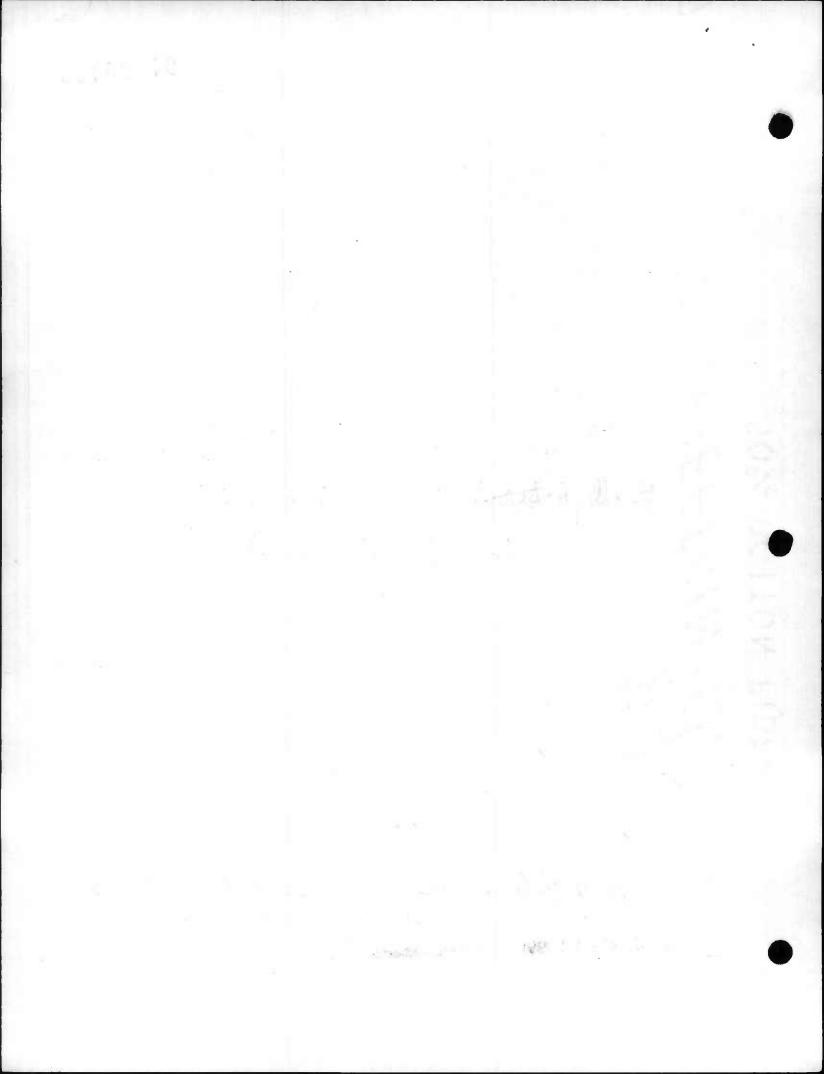
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.		.0707
1. DECEDENT'S NAME (First, Middle, Last)	TRUA	1POW	ER		2. DATE OF DEATH MONTH DO	YEAR 1991	3. TIME OF DEATH  930 PM
4.904AT SECURITY NUMBER 217-18-7157	1 🖾 M 2 🗆 F 7	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year) 4 - 2 - 2	Bi	THPLACE (State or Foreign nitry)  g POOL Md.
90. FACILITY NAME (If not Institution, give st Washington Cou	anty Hospi	tal		or location of o	EATH	Washi	ngton Cty.
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Wash	nington Ct		y, town or loca	TION		-	10d. INSIDE CITY LIMITS? 1 YES 2- NO
12823 Pecktor	nville Rd		1	of. ZIP CODE			WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	or No- 14. RA	ed States  American Indian, ack, White, etc.  Colly: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of vite) Do NOT us INSPE	work done during m	ION lost of working	100000000000000000000000000000000000000	siness/industry	
17. EATHER'S NAME (First, Middle, Lest) Harry James T:					AME (First, Middle, Meiden Elizabe		d) Trumpow
194. INFORMANT'S NAME (Type/Print) Freda M. Trum]	power	19b. MAILING 1282	ADDRESS (Street	end Number or Rural tonvil	Route Number, City or Tow e Rd. Bi	m, State, Zip Code) g Pool	, Md. 2171
METHOD OF DISPOSITION  FL Burlei 2 Cremation 3 Remo	oval from State 20	Parkitea	E OF DISPOSITIO	N (Name	9/24/91	CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	L Pavi	0	Bona P.O.	Box 31	nompson I O Clear S	Funeral	Home. Inc
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO JOH AS	A CONSEQUENCE OF	mil	en la la la la la la la la la la la la la	merce sufficei	lienog	Parry 24/hom
PART II. Other significant condition	e contributing to death b	out not resulting	in tha underlyi	ng ceuse given i	Part i. 24a. WAS AMPERFOI	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATN (C			
1 VES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	1 Inpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	26b, TIN	IE OF 28c. II	me 5 Residence  IJURY AT  IORK?  YES 2 NO	6 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm,	street, factory, of	ice	281. LOCATION (Street City or Town, State	end Number or Aur )	el Route Number,
CHOCK Drily	CIAN: To the best of my know				e time, date end place, e	nd due to the caus	IED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIN  31. DATE FILEO (Month, Day, Year)	SPENC BR. PEGISTBAR'S SIGN	er NATURE	), Print) [198]	Kenly	Ave li	Lagers ?	own Md
SEP 24'91	Julia Davidson	- Agndall					

. 10 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO.					
1. DECEDENT'S NAME (First, Middle, Le. Richard	McKinley	TASKER			2. DATE OF DEATH MONTH Sept. 9,	1991 YE	3. TIME OF DEATH 730 A			
4. SOCIAL SECURITY NUMBER 275-48-1953		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 18, 1	0	MRTHPLACE (State or Foreign Country) Maryland			
Garrett County		oital		on Location of D akland	EATH	Garret				
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	Garrett		ry, rown on Local	ATION		10d. INSIDE CITY LIMITS? 1 YES 2 [X NO				
100. STREET AND NUMBER  36 Buena Vista				of, ZIP CODE 2 1 5 5	0	10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS  1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, a	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	s usual occupat work done during m use retired.)	ION lost of working	18b. KIND OF BUS	None	RY			
17. FATHER'S NAME (First, Middle, Last) Leroy	Tasker			Nellie		Surname) Nels				
Amy M. Railey  200. METHOD OF DISPOSITION	Rt. 1, Box 4545, Oakland, Maryland  20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION									
1 \( \overline{\chi} \) Burlal 2 \( \overline{\chi} \) Cremation 3 \( \overline{\chi} \) A \( \overline{\chi} \) Donation 5 \( \overline{\chi} \) Other (Specify) \( \overline{\chi} \) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	Mt. Zion	Cemeter	Y AND ADDRESS OF FA	Kit		, Maryland			
immediate cause (Fine) disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	PERFORMED?  1 □ YES 2 ☒ NO						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	stpatient 3 DOA	OTHER:	PLACE OF DEATH (C	heck only one)  8  Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED			
3 Suicide 6 Could not 4 Homicide determined		RY — At home, farm, pecify)	, street, factory, off	ica	28f. LOCATION (Street City or Town, State)		Rural Route Number,			
opel -	IYSICIAN: To the best of my kno IINER: On the basis of examinet						wse(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Adams	mD	D. Date	29c. LICENSE NU	181/	29d. DATE SI	GNED (Month, Day, Year)			
Dr. Jerry Adams	, MD 311 N	Fourth		kland, Ma	ryland 21	550				
9/9/SEP 1	1 1991 La L	aviden 180	and .							



TO BE COMPLETED BY FUNERAL DIRECTOR

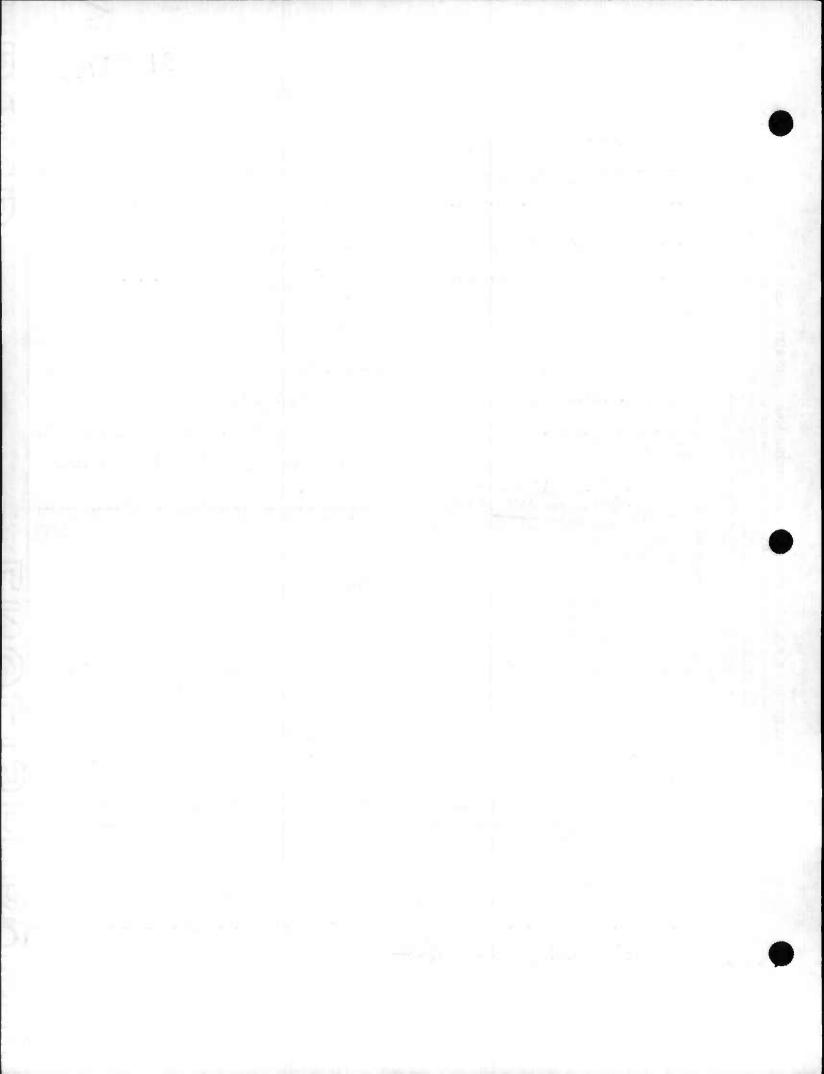
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	ERTIFIC	ATE OF	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, M	iddle, Last)						2. DATE OF D	DEATH DAY	YEAR	3. TIME OF OEATH
PHILOMEN	A J	OSEPHINE	TOL	AND				17.1991	TEAH	13:45 M
4. SOCIAL SECURITY NUMBER			GE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH		HPLACE (State or Foreign
431-34-5147		1 🗆 M 2 💢 F	89	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day	3,1902		NSYLVANIA
9e. FACILITY NAME (If not instit				96	L CITY, TOWN	OR LOCATION OF D	EATH	9c. C0	UNTY OF	DEATH
ST MARY S H						RDTOWN			ST.	MARY'S CO.
MARYLAND 16	ST.	MARY'S COU	NTY		TON S					10d. INSIDE CITY LIMITS? 1  YES 2 NO
P.O. BOX 34					1	01. ZIP CODE 20626		1777	U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorce	2007	12. WAS DECEOENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XI		If yes, s	CENDENT OF HISPA specify Cubars, Maxico S 2 XNO Specific	en, Puerto Ricen	pecify Yea or No— i, etc.)	Spe	CE — American Indian, ck, White, etc. city: HITE
15. DECED (Specify only h	ENT'S EDUC	CATION completed)	16a. DE	CEDENT'S US	UAL OCCUPAT	TON post of working	16b. KIN	D OF BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12 8TH. GRADE		College (1-4 or 5+)	life.	Do NOT use n		of or monary		HOME		
17. FATHER'S NAME (First, Midd	le, Last)					16. MOTHER'S NA	AME (First, Middle	e, Meiden Surneme	)	
MICHAEL JOSE		L ROSSI					INNCHIO			
19a. INFORMANT'S NAME (Type ROSE ELIZABE		UNCE				end Number or Rural COLTON				20626
20a. METHOD OF DISPOSITION	3 I Bem	ovel from State		ANO DATE O			DATE /20 /91			Town, Stata MARYLAND
4 Donation 5 □ Other (S		ENSEE / /	A	DIEM		ANO ADORESS OF FA				
Much	rel	* Dan	line	e		BOX 270				
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentiely liet condition	10,	e. Sex	AS A CONSE	OUENCE OF:	- In	lection				interval Between Onset and Death
if any, leading to immediceuse. Enter UNDERLYIN. CAUSE (Disease or injury that initieted events resulting in deeth) LAST	G	DUE TO (OR	AS A CONSE	OUENO OF):	nerco	lection es = h	ue tosto	ses.		
PART II. Other significent	condition	e contributing to dee	th but not	resulting in	the underly	ng cause given in		NAS AN AUTOPS PERFORMED?	24 24	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		16		PLACE OF DEATH (C	theck only one)			
1 TES 2 X NO		1X Inpatient 2 ER	Outpatient :		THER:	ome 6 🗆 Residence	6 🗆 Other (Sp	pecify)		
27. MANNER OF DEATH  1 X Netural 5 Pe	ending	(Month, Day, Ye		28b. TIME (	Y 1	NJURY AT VORK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY	OCCURED	
3 Suicide 6 Co	ould not be termined	28e. PLACE OF IN. building, atc.	JURY — At he (Specify)	ome, farm, atre	et, factory, of	lice		ON (Street and Num own, State)	ber or Rura	l Route Number,
one) 2 MEDIC	AL EXAMINE		-					I place, and due to	the cause	o(a) and manner as stated.
296. SIGNATURE AND TITLE O	F CERTIFIE	Jenn	P =			29c. LICENSE NO	JMBER 3 8 C			ED (Month, Day, Year)
30. NAME AND ADDRESS OF I									, , ,	• /
	VICK,					LAND 2065	00			
31. DATE FILED (Month, Day, Ye SFP		32. REGISTRAR'S	Davidson	~ Randa	22					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	REGISTRAR  1. DECEDENT'S NAME (First, Middle	s, Lest)		01				DEATH		REG. NO	AY	YEAR	3. TIME OF OEATH
	WARREN HEATH	TURNER							MONTI 9	_	6	91	
	4. SOCIAL SECURITY NUMBER	5. SEX		AGE (In yrs. last I		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE (Monti	OF BIRTH I, Day, Year)		8. BIRTHP Country)	LACE (State or Forei
	015-09-6322	1 X M 2		74	YRS.					h 26.	1917		sachuset
œ	9a. FACILITY NAME (If not institution			. "0	7.1			R LOCATION OF	DEATH			ITY OF DE	
ᅙ	1717 West Sev	enth Str	eet A	pt. #3		F	rede	rick			Fre	deri	ck
DIRECTOR	10a. STATE 10b.	COUNTY			10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?
_		rederick			Fr	eder	ick						1 X YES 2   N
¥.	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?
FUNERAL	1717 West Sev			pt. #3	-	1.00	_	170 2				S.A.	
	1 Never Married 2 Marrie	FORCE	S? 1 X	YES 2 NO	)		If yes, spe	ENDENT OF HISP ecity Cuban, Maxi	Ican, Puerto I		s or No—	Black,	- American Indian. White, etc.
B	3 Widowed 4 Divorced	N N	WII	OR DATES			1 🔲 153	2 NO Spe	сну:			Specify	White
COMPLETED	15. DECEDENT (Specify only highe	(Give	e kind of v	USUAL O		N st of working	16b	KIND OF BU	ISINESS/IND	USTRY			
91	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)												
MP	Federal Employment  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME											_	
											Carlina.		
B				19b.	MAILING	ADDRES	S (Street a			rude			
임	190. INFORMANT'S NAME (Type/Print)  Louis W. Geisbert  3618 Esther Road Balti												1224
	Louis W. Geisbert  3618 Esther Road Baltimore, MaryTand 21224  202. METHOD OF DISPOSITION  203. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  204. DATE  205. LOCATION — City or rown, State												
	4 Donation 5 Other (Special		Tarre .	Resth	aven	<u>ven Memorial Gardens9/18  Frederick, Marvlan</u>						Maryland	
П	21. SIGNATURE OF EMPERAL SETVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Robert E. Dailey & Son, P.A.												
	1 Select	100 A	Tril	ouc	Y								ick. MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									- in			
CE	DART II Other steelfieses on	d.	Alon to day	all hot and a		In Abrah	- d - d - d -		In Prot I			Lan	
CAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part								in Part I.	PERFORMED?			WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA
MEDI	Englyen								1 _ YES 2 NO OF DEAT			OF DEATH?	
Σ						_							1 TES 2 N
AN	25. WAS CASE REFERRED TO MED	DICAL					26. PI	LACE OF DEATH	(Check only o	ne)	-		
SIC	EXAMINER?  1 YES 2 NO	HOSPI*		7/Outpatient 3	□ DOA	OTHE		ne 5 Resident	ce 6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		DATE OF INJ (Month, Day, )	IURY Year)	28b. TIA		28c. IN.	JURY AT	T	SCRIBE HOW	INJURY OC	CUREO	100
ВУ	1 Natural 5 Pendi 2 Accident Invest	ng Igation				M	1 🗆	YES 2 NO					
	3 Suicide 6 Could 4 Homicide determ	HOT DO	PLACE OF IN building, etc.	iJURY — At hon . (Specify)	ne, ferm,	street, tac	tory, offic	a		Or Town, State		r or Rural R	oute Number,
ET.	200 CENTIFIED					_	_						
COMPLETED	(Check only	G PHYSICIAN: To the EXAMINER: On the E											and manner as st
	29b. SIGNATURE AND TITLE OF C					.,	.,	29c. LICENSE I					(Month, Day, Year)
BE	Cum	, h. )	my	el.	- 1			-	181	91	▶ DAT		17-91
2	30. NAME AND ADDRESS OF PER	SON WHO COMPLE	TED CAUSE (	OF DEATH (ITEM	1 27) (Type	e, Print)				17		_	,
	Arthur G. Man	alo. M.D	187	Thomas	חו, פ	hnsn	n Dr	ive Fre	deric	k Ma	rvlan	d 21	1701
	Arthur G. Man 31. DATE FILED (Month, Day, Year) SEP 17	32. F	EGISTRAR'S	Thomas signature			n Dr	ive Fre	deric	k. Ma	rylan	d2	701



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any any and the state plant of Health and Mental Hotiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y th	De de	at o
d be	pine	pe
etain	sho	1
De	90e	96
may	or, p	127
9 90	irecti	Ē
Pa.	Tel d	in in
death	fune	хат
fter	the the	ie
13	in by	6
4 ho	illed in o	E
in 2	ely f	=
1 with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral materials and completely filled in by the funeral materials and an attention of the funeral materials.	ven
cute	d co	tic
900	n an	ЕШ
te be	Sicia	E
tifica	d ph	the
h Cel	Hva	5
deat	afte	7
the	A DO	Ē
that	the a	ашу
tuires	Hear Hear	OWS
w rec	beer	3 84
he la	has	E 2
IN: T	ficate	He
SICIA	Certi	0
PHY	this	rked
ING	After	E
END	DR: J	80
A ATT	RECT.	2 E
T OF	HO T	100
PITA	ERAI	
HOS	FE	M
THE	五	2
2	22	E .

Dr. Lamm

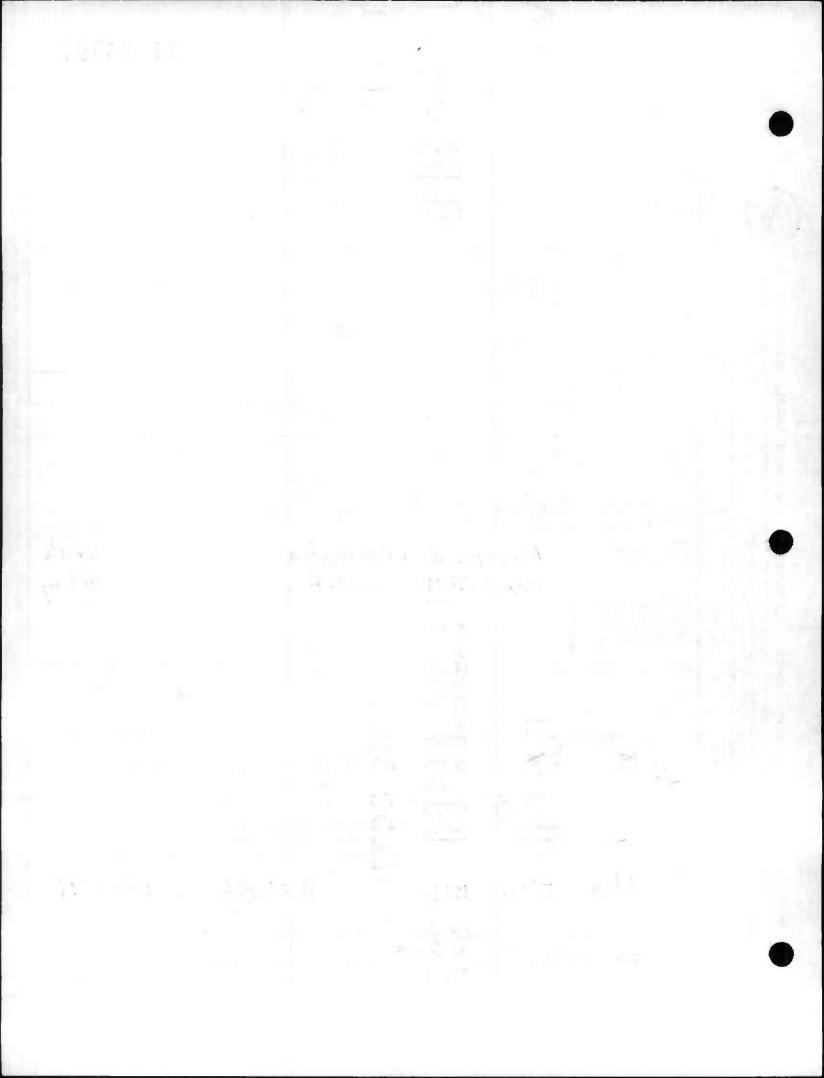
31. DATE FILED (Month, Day, Year)
SEP 2 0 199

1. DECEDENT'S NAME (First, Middle, L	aet)		ENTIF	CATE	OF DEA	111	2. DATE C	REG. NO.	_	1.	TIME OF DEATH	
MILDRED	asty	N.			TURNER			tembe	r 19.			
4. SOCIAL SECURITY NUMBER 220-16-6864	NONTHS DAYS HOURS MIN.		7. DATE O				BIRTHPLACE (State or Foreign Country)					
9a. FACILITY NAME (If not institution, of Memorial Hospit RESIDENCE OF DECEDEN)	al & Medio	cal Cent	er		town on Local		ATH			gany	н	
MD Alle	UNTY			y, town of cerla	nd,						1. INSIDE CITY LIMITS? YES 2 NO	
10e. STREET AND NUMBER 534 N. Centre	Street				101. ZIP COI 21502	DE			10g. CITIZ		T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	RMED INO		AS DECENDENT yes, specify Cub U YES 1 NO				or No-	14. RACE — Black, W Specify: Whi				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		5.1		work done de se retired.)	cupation wing most of work ry dept			KIND OF BUS			al	
17. Father's NAME (First, Middle, Leat) Robert Chester Valentine  16. MOTHER'S NAME (First, Middle, Maiden Sumame) Ella M. Bell												
190. INFORMANT'S NAME (Typo/Print) Mrs. Billie J.	D'Atri		Oumbe	ADDRESS	(Street and Numb	or or Rurel 1 1502	Route Numbe	er, City or Tow	n, State, Zip	Code)		
**•. METHOD OF DISPOSITION  1 ☐ Buriel 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify)	Ramoval from State	20b. PLAC	date	Fune1	sition (Name ral Cha	pel	9-22			urg,		
21. SIGNATURE OF FUNERAL SERVICE	2 Ola	900/	11:		carpell mberla							
23. PART I Entar tha diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one o	cause on aach Ili	na.	nee	mon	a	h ss card	ac or reap	iretory srre	eat,	Approximata Interval Between Onset and Death 2 Leells	
disease or condition resulting in death)  S. A SCIRATIVA PROLUMING  DUE TO (OR AS A CONSEQUENCE OF):  PRAYWSTEM C. V.A.  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.								24a. WAS AN PERFOI 1 YES 2	RMED?	CC	ERE AUTOPSY FINDINGS ALABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO	HOSPITAL:	2   ER/Outpetient	3 🗆 DOA	OTHER	26. PLACE OF							
27. MANNER OF DEATH Natural 5 Pending	(Monti							CRIBE HOW	INJURY OCC	CURED		
a Colorin								ATION (Street or Town, State		or Rural Rou	te Number,	
29s. CERTIFIER (Check only one)  29m. CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 mEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)
47 Virginia Avenue, Cumberland, MD

406 21502

DHMH-16 Rev 1/89



400		
\$		
as		
use		
P		
cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t		9000
8		t
pinous		ofified
9		
Pag		2
firector,		r mase
funeral (		ramina
the	S.	-
6	DE.	62
.5	r re	per
Pall	0,0	9
ompletely f	I, crematio	item 23 shows any injury or other traumatic event the medical examinar must be notified at once
9	uria	Ji.
an	0 0	S.M.
Sician	prior 1	- Property
4	e e	P
ig g	Ě	0
ten	교	9
e al	Nem	5
th A	P	-
D	h a	200
signe	Healt	S. OLANG
een	6	ohe
as b	Dept	20
ate h	tate	-
0	100	-

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF I		MENTAL HYGIEN REG. NO	E	26192			
	1. OECEDENT'S NAME (First, Middle, Last) HELEN GARDNE						2. OATE OF DEATH	Y 91	3. TIME OF CEATH 5:20 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	214-16-2388  9a. FACILITY NAME (If not institution, give	Λ	X									
E		T HOSPI	TAL			BERLAND		ALLE				
DIRECTOR	Md. 10b. COUNT	Allegan	J	10c. CI7	y, town or loca Frostb		_	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
EHAL	Rt. 3, Box	223			10	1. ZIP CODE 21532	2	U.S.	A •			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Divorced	T EVER IN U.S I YES 2 MAR OR DATES	NO	If yee, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) /y:		CE — American Indian, lick, White, stc. licity: White				
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON oat of working	16b. KIND OF BU	SINESS/INDUSTRY					
7	12	College (1-4 or 5	*,	Nurs	30		Count	y Healt	th Dept.			
5	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Malden					
20	Joseph Store	y		T son as a la mus	ADDDEDG /S		a Delane					
2	William E. Vo	rel		2711		my Dr.			Md. 21157			
	20e METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Res				E OF DISPOSITION or other place)	(Name	OATE 20c, LC	OCATION — City or	Town, State			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICES.	ICENSEE /	Pro	stour	-	rial Pk	7 7	ostburg	, Md.			
	from 8.7	Horn			Dur	st Fune	ral Home	, Frost	burg, Md.			
	23. DART I. Enter the diseases, or ahock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cas	woin h		1610	edtus			Approximate interval Between Onset and Death			
HILICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE. Enter UNDERLYING CAUSE. The Industry of Industry											
CERIIFIC	CAUSE (Disease or injury that initisted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  ON WOULD THE AUTOPSY FINDING MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO. 1 YES 2 NO.											
S	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
2	1 TYES 2 NO-	1 Inpatient 2			4 - Nursing Ho		6 Other (Specify)					
1 P	1 Ngtural 5 Pending 2 Accident Investigation		Day, Year)		M 1	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED				
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm,	street, factory, off	ca	261. LOCATION (Street City or Town, State	and Number or Run a)	al Route Number,			
COMPLET	one)	(Check only Thrill Phrsician: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
O BE	29b. SIGNATURE AND TITLE OF CERTIFIC	evan (	hy	1/1	1/13	MD 3	S5/35	29d, DATE SIGN	ED (Month, Day, Year)			
	Thomas K u	WHO COMPLETED CA	1681	nis	9/2	Seton	Dr. Co	umperle	and mo			
	SEP 2 3 1991	9 1	on-Pane									
		w							DHMH.18 Boy 1/8			

SEEDS ELITED ( ) CH.

propriate and pr

. Day of the part

## 9 | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF I	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
Daniel	Edwin	Wallace			09 03	1991	10:52 PM
4. SOCIAL SECURITY NUMBER 216-54-9888	5. SEX 6. AG	E (In yrs. lest birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 12/24/50	B. BI	RTHPLACE (State or Foreign ountry) MD
98. FACILITY NAME (If not institution, give  Rtp. 299 Nort  RESIDENCE OF DECEDENT		131	9b. CITY, TOWN OR		ATH	sc. COUNTY O	F DEATH
	Kent		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?  1X YES 2 NO
100. STREET AND NUMBER  Cypress Stree  11. MARITAL STATUS			101. 2	21651			JSA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYE IF YES, GIVE WAR OR Vietnam	S 2 NO	If yea, speci	IDENT OF HISPANIC Ify Cuban, Maxican, NO Specify:	C ORIGIN? (Specify Yes , Puarlo Rican, atc.)	. 8	ACE — American Indian, lack, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1. 2 17. FATHER'S NAME (First, Middle, Last)	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of we life. Do NOT use Carpe		of working	Scott G		,
17. FATHER'S NAME (First, Middle, Last)  Jessie R. Wallac	ce				E (First, Middle, Meiden :	Surname)	
19a. INFORMANT'S NAME (Type/Print)  Jan Appenzeller		19b. MAILING	ADDRESS (Street and	Number or Rural Ad	oute Number, City or Town	D 2165	51
20a. METHOO OF DISPOSITION  1 Burial 2 Crematton 3 Rer  4 Donation 8 Other (Specify)	noval from State 2	Ob. PLACE AND DATE OF	F DISPOSITION /Name	of	OATE 20c. LOC	rumptor	r Town, Stata
21. SIGNATURE OF FUNERAL SERVICE L		*	22. NAME AND Fello	ADDRESS OF FACI	ILITY	-	
immediate cause (Finel disease or condition reculting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF)	·	17			Interval Between Onset and Death
PART II. Other eignificent condition	na contributing to death	but not resulting in	the underlying o	ceuse given in P	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \square\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   ER/Ou 28s. DATE OF INJURY (Month, Dey, Year)	28b, TIME INJU	OTHER:    OF   28c, INJUR   NORK   1   YES	Y AT	C Other (Specify) 1 28d. DESCRIBE HOW IN		-
Suicide 8 Could not be determined	on str	reet		R	281. LOCATION (Street as City or Town, State)	nd Number or Run	of Rto 313
(Check only one) 2 MEOICAL EXAMIN	ICIAN: To the best of my kno	wiedga, daath occurred Ion and/or Investigation	, in my opinion, deat	th occurad at the til	me, data and place, and	ner as stated.	e(a) and manner as stated.
30 MANE AND ADDRESS OF PERSON WITH	Him	SEATU OFFICE AT		9c. LICENSE NUMB			ED (Month, Day, Year)
Frank J. Per		111 Pe		eet. Ba	ltimore	Maryl:	and 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatle event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SLVA" VI

fire there sometimes

3P (14 Tr

	, Middle, Last)									DATE OF E	EATH DA		YEAR	3. TIME OF DEATH
	JAMES	PAUL	WARFIE	LD						nthon	16.	1991	YEAR	7:37 P.
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER			R 24 HRS.	7. D	ATE OF B	IRTH		6. BIRT Coun	HPLACE (State or Foreign
577-09-504	15	0 € M 2 ☐ F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	Acres 1	b. 3		000		Maryland
9a. FACILITY NAME (If not in	astitution, give a	street end number)			9b. CITY	, TOWN	OR LOCAT	ION OF E	DEATH			9c. COU	NTY OF	DEATH
Shady Gro		rentist H	ospital			Roc	kvil	lle				M	onte	gomery
10e. STATE	10b. COUNT	Υ		10c. CIT	ry, town (	OR LOCAT	TION							10d, INSIDE CITY LIMITS?
Maryland	Mon	tgomery				B	oyds							1 TES 2 1 NO
100. STREET AND NUMBER 22620 CI		irg Rd.				10	208	841				10g. CfT	US.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X			If yes, sp	ENDENT ( ecity Cubic 2 2 2 NO	nn, Mexic	an, Pu			or No-	14. RAC Blac Spe	ck, White, etc.
	CEDENT'S EDU ly highest grade 0-12)			ECEDENT'S Give kind of a. Do NOT u	work done use retired.)	during mo	ON ost of work	ing		16b. KIN		BINESS/INC	DUSTRY	
9				Far	rmer						_	rming	5	
17. FATHER'S NAME (First, M Edward		sey Warf	blei				16. MOT			First, Middle		Surname) llini	~	
19a, INFORMANT'S NAME (1		nal'I		Dh. MAII II	G ADDRES	S (Street	and Numbe					n, State, Zip		
John P.	Warfie											z, Md		0871
20e. METHOD OF DISPOSIT		noval from State	of cemetar	E ANO OAT	v or other i	place)				DATE				Town, Blate
4 Donation 5 Other	r (Specify)		Cl	arksl	burg	Met				19	C.	larks	bur	g. Md.
≥ Olum	LA SERVICE LI	CENSEE	41		22.	NAME A	ND ADDRI	MO 7	ACILIT	To set b	P	Δ		
IMMEDIATE CAUSE (Findisease or condition	eart fallure.	domplications the List only one can			not enter	2644 r the me	Ol Ra	idge ying, au	Ro	cardiac	Damas	scus,		Interval Baty
ahock, or h IMMEDIATE CAUSE (Fin	tions, edita	a. PUL DUE TO DUE TO C.	OR AS A CONSI	EOUENCE	OF): LEP OF):	2644 r the me	01 R	idge ying, au	Ro	cardiac	Damas	scus,		Approximate interval Baty
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inje that initiated events	tiona, soliata riNG ury	a. PUL DUE TO DUE TO d.	(OR AS A CONSE	EOUENCE	OF):	264(	Ol Richards of dy	idge	Road Road	cardiac	or reap	AUTOPSY RMED?	reat,	Approximate interval Bats Onset and E A-C 7  7 D/A-  4b. WERE AUTOPSY FIND AWALABLE PRIOR TO COMPLETION OF CAL
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS	tiona, soliata riNG ury	a. PUL DUE TO DUE TO d.	(OR AS A CONSE	EOUENCE	OF):	264(	Ol Richards of dy	idge	Road Road	cardiac	Dama; or resp	AUTOPSY RMED?	reat,	Approximate interval Bats Onset and E ACC 7  7 DA  10. WERE AUTOPSY FIND AMILABLE PRIOR TO
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations	tions, solitions, solitions and conditions	a. PUL DUE TO DUE TO d.	(OR AS A CONSE	EOUENCE	OF):	2644 r the me	Ol Ringel Ring Ring Ring Ring Ring Ring Ring Ring	idge ying, au	Rock as	1. 24s	or reap	AUTOPSY RMED?	reat,	Approximate interval Bats Onset and D A C T T T T T T T T T T T T T T T T T T
shock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifications  25. WAS CASE REFERRED T EXAMINER?	tions, solitions, solitions and conditions	a. PUL OUE TO DUE TO d	OR AS A CONSE	EOUENCE (	OF): OF): OTHE	2644 r the mo	Ol Rinde of dy	idge sulfing, au	n Part	cardiac	or reapi	AUTOPSY RMED?	reat,	Approximate interval Bats Onset and D A C T T T T T T T T T T T T T T T T T T
shock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injethat initiated events resulting in death) LAS  PART II. Other algnification  25. WAS CASE REFERRED TEXAMINER?  YES 2 NO  27. MANNER OF DEATH	tions, dista line and conditions and conditions and conditions and conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditional conditions.	a. PUL OUE TO DUE TO d	OR AS A CONSE	EOUENCE C	OF):  OF):  OTHE 4   Nu	26. P	ode of dy	idge ying, au given i	n Part	cardiac  I . 24s  I [ 1 . 24s  Other (Sc	or reapi	AUTOPSY RMED?	24	Approximate interval Bats Onset and D A C T T T T T T T T T T T T T T T T T T
shock, or h  IMMEDIATE CAUSE (Fil  disease or condition resulting in death)  Sequentially list condit  if any, leading to imme cause. Enter UNDERLY  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED 1 EXAMINER?  YES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Natural 5 \( \)  24. Accident	tions, solitions, solitions and conditions	a. PUL  B. FUL  OUE TO  C. DUE TO  d	OR AS A CONSE	EOUENCE C	OF):  OF):  OTHE 4 Number of Number	26. P	ode of dy  NB  Report of the control	idge sulfing, au	Rock on Part	cardiac  I. 24s  II. 24s  II. 24s  II. DESCRI	a. WAS AN PERFOI	AUTOPSY RNEED?	24	Approximate interval Bats Onset and D A C T T T T T T T T T T T T T T T T T T
shock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS  PART II. Other algnificat  25. WAS CASE REFERRED 1 EXAMINER? YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER 1 CER	tions, diditaling in MEDICAL  Pending Investigation  Could not be determined	a. PUL TO DUE TO DUE TO C. DUE TO d	GR AS A CONSE  (OR AS A CONSE	EOUENCE C  Teaulting  JOA  JOA  JOA  JOA  JOA  JOA  JOA  JO	OF):  OF):  OTHE  A □ Nu  ME OF  NUURY  M  street, fac	26. P	ode of dy  AB  AB  AB  Base of the control of the c	given i	Rock on Part	cardiac  it I. 24a  it I. 24a  it I. 25a  it II. 25a  it II. 25a  it II. 25a  it I. 25a	a. WAS AN PERFOI YES 2	I AUTOPSY RMED?	24  CCURED  FOR Pure	Approximate interval Bats Onset and D AC T T T T T T T T T T T T T T T T T T

all the second of the second o

TOTAL CONTRACTOR NO.

Statement borrow hardield for the Committee of the Commit

In the second of the state of the second of

Clar characters of a school of

- 1- 160 mm

3. TIME OF DEATH

10d. INSIDE CITY

1X YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

9c. COUNTY OF DEATH

Carrol1

10g. CITIZEN OF WHAT COUNTRY?

United States

White

21757

Approximeta

Onset and Death

SYEARS

10 YEARS

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (MANTH, Day, Year)

P 20 9

AVAILABLE PRIOR TO COMPLETION DF CAUSE

03: 5AH

REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH erbon 20 Miller Mae Weddle 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 01-02-11 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS 217-18-7437 80 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Carroll County General Hospital Westminster 2 RESIDENCE OF DECEDENT Pages 1 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Carroll Westminster permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 46 Timber Ridge 21157 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe most of working for Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached 8 Clerical Worker Government (Social Sec.) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ George Whitmore Minnie Mae Miller notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Virginia 6385 Keysville Road, Keymar, MD L. Eller after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Meadowridge Mem. Park 9/23 Elkridge, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home XISAMA Westminster, Westminster, removal. medical 23. PART I. Enter the diseasee, or complications that ceused us death to not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or haert failure. List only one ceuse on each line. filled in by IMMEDIATE CAUSE (Final and completely fille o burial, cremation, the disease or condition ISCHEMIC MYOCARDIOPATHY executed within event, resulting in death) BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a if any, laeding to immediata cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): P.0. that initiated eventa resulting in death) LAST 50 the atten injury, RECORDS, PART II. Other eignificent conditions contributing to death but not recuiting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY signed by the Health and HYPERTENSION any 1 TYES 2 NO Shows a CORONARY ARTERY DISEASE s certificate has been si th the State Dept. of Ho id, or Item 23 show PHYSICIAN: **DIVISION OF VITAL** 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 27, MANNER OF DEATH this c 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending After the death v 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after d 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL IDENTIFY TO THE WITHIN 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 196. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 물보물 alleway D0107 2 30. NAME AND AGORESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 419 Malcolm Drive, Westminster, MD Park W. Espenschade,

MD

Julia Davidson Randelle

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

SFP 23 '91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1 -

21157

C107 12

89 8D

San Dark The and the

	1. DECEDENT'S NAME (First, Middle,	(Lest)	11 0	hney W	eller	2. DAT	TE OF DEATH		3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	EV Le	ller				- (	199	7 0 0 0
1	The second secon	1 D M 2 D F	8. AGE (in yrs. last birth	MONTHS	DAYS HOURS	MIN. (Mo	enth, Day, Year)		BIRTNPLACE (State or Fo
1	219-10-6873 9a. FACILITY NAME (If not institution,	Δ	77	9b. CITY	r, TOWN OR LOCAT	ION OF DEATN	24 13	9c. COUNTY	Md.
BO	Carroll County	r Conomal II	agaital	We	stminste	r Md	21157	Car	roll
ວັ	RESIDENCE OF DECEDER	COUNTY		. CITY, TOWN		I, Ma.	21137		10d. INSIDE CITY
DIRECTO		arroll			nster, N	18. 2115	7		LIMITS?
	Maryland Ca	arrorr			10f. ZIP COI		·	10g. CITIZEN	OF WHAT COUNTRY?
IER.	820 Littlesto	own Pike			211	.58		U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	CORCECC 4	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES		WAS DECENDENT If yea, specify Cub 1 ☐ YES 2 ☑ NO	an, Mexicen, Puert		or No- 14.	RACE — American India Black, White, etc. Specify: White
ED	15, DECEDENT	'S EOUCATION at grade completed)		NT'S USUAL O	CCUPATION during most of work		6b. KIND OF BUSI	NESS/INDUST	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5 d	+) life. Do A	IOT use retired.)			J. (1)		
COMPLET	7 17. FATHER'S NAME (First, Middle, La		Assem	bly Wo	rker & V		Stee t, Middle, Maiden S	el Com	pany
						nnie B		urrane)	
38 C	Pay F. Weller  190. INFORMANT'S NAME (Type/Print		19b. MA	ILING ADDRES	S (Street and Number			State, Zip Co	de)
5	Louise G. Wel	ller	820	Littl	estown F	ike WE	stminste	er. Md	21158
Ш	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3		20b. PLACE AND of cemetary, crem		POSITION (Name place)	D	ATE 20c. LOC	ATION — City	or Town, State
-	4 Donation 5 Other (Specify		Pipe Cr	eek Ce	Metery NAME AND ADDR		22 nr.Ne	ew Win	dsor, Md.
	atharise	Odet	ler						
	ahock, or heart fa	s, or complications tha lilure. List only one cau	it caused the death. use on each line.						Interval E
ERTIFICATION	shock, or heart far IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	It caused the death. Use on each line.  I (OR AS A CONSEQUEN  I (OR AS A CONSEQUEN  I (OR AS A CONSEQUEN	Do not antai	the mode of d	ying, such as co	ardiac or reapin	atory arrest	Approxim Interval B Onset and
MEDICAL CE	shock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor	a. DUE TO  b. DUE TO  c. OUE TO  d.	(OR AS A CONSEQUEN	Do not antai	TÉ P	ying, such as co	APC	AUTOPSY MED?	-24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
MEDICAL CE	shock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor	a.  DUE TO  b.  DUE TO  c.  oue TO  d.	(OR AS A CONSEQUEN	Do not antai	THA mode of de	ying, such as co	24a. WAS AN A PERFORM	AUTOPSY MED?	-24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
SICIAN: MEDICAL CE	ahock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant cor	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL:	(OR AS A CONSEQUEN	CE OF): CE OF): CE OF): OTHE	THAT MODE OF CHAPTER O	given in Part I.	24a. WAS AN A PERFORA 1 YES 24	AUTOPSY MED?	-24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
PHYSICIAN: MEDICAL CE	shock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor  25. WAS CASE REFERRED TO MEDI- EXAMINER?	B. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 18 InputIer: 2 25e. DATE OF (Month, L.	GR AS A CONSEQUEN  (OR AS	CE OF): CE OF): CE OF): OTHE	The mode of december of the mode of the mo	given in Part I.  DEATN (Check only Rasidence 6 0	24a. WAS AN A PERFORA 1 YES 24	AUTOPSY MED?	Approxin Interval E Onset an O
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 24 NO  27. MANNER OF DEATN  1 Natural 5  Pendin	a.  DUE TO b.  DUE TO c.  OUE TO d.  ICAL  HOSPITAL: 1 Sinpation 100 June 1	GR AS A CONSEQUEN  (OR AS	CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  This is a second of the unit of the	Tha mode of december of the mode of december of the control of the	given in Part I.  DEATN (Check only Residence 6 0	24a. WAS AN A PERFORM 1 YES 24	MITOPSY MED? NO	Approximinterval E Onset an On
ETED BY PHYSICIAN: MEDICAL CE	ahock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 VES 2 NO.  27. MANNER OF DEATN  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EX	B. DUE TO b. DUE TO c. OUE TO d. OUE TO d. Inditiona contributing to DUE TO d. OUE TO	(OR AS A CONSEQUEN  (OR AS	CE OF):  CE	r tha mode of december of the mode of december of the control of t	given in Part I.  DEATN (Check only Rasidence 6 0 28d. f.	24a. WAS AN A PERFORM 1 YES 2.4  One)  ther (Specify)  DESCRIBE HOW IN	AUTOPSY MED? NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	-24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pendin investig 3 Suicide 6 Could 4 Homicide 6 Could 29a. CERTIFIER (Check only	B. DUE TO b. DUE TO c. OUE TO d. OUE	GR AS A CONSEQUEN  (OR AS	CE OF):  CE	Tha mode of december of the mode of december of the mode of december of the mode of december of the mode of december of the mode of december of the mode of the mo	given in Part I.  DEATN (Check only Residence 6 0 28d. t	24a. WAS AN A PERFORM 1 YES 2.4  COCATION (Street as they or Town, State)  Cause(a) and mentioned and place, and	AUTOPSY MED? NO  JURY OCCUR and Number or ner as stated.	-24b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2  RED

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RF. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1.2 a		niner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter	be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SEP 1 8 1991

1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		40.40	3. TIME OF DEATH
FRANKLIN D.	WANTZ							09		7	91	10:08
4. SOCIAL SECURITY NUMBER	5. BEX	6. AGE (In yrs. las	st birthday)	IF UNDER	YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State or Foreign
220-05-4661	<b>3</b> €XM 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	II	oth, Day, Year)	18	M A I	RYLAND
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCAT	ION OF D	EATH		9c. CO	UNTY OF	
NORTH ARUNDEL	HOSPITA	L		0	LE	I BI	JRNI	E		1	ANNE	ARUNDEL
RESIDENCE OF DECEDENT			,									
10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O			<b></b>					10d. INSIDE CITY LIMITS?
	NNE ARU	NDEL		GI			NIE			_		1 TYES 2 NO
100. STREET AND NUMBER					101	ZIP COD				10g. Cf		WHAT COUNTRY?
306 7th AVENUE							.060				U.S	
11. MARITAL STATUS  t Never Merried 2 Merried		TEVER IN U.S. AF							iN? (Specify Ye o Rican, atc.)	e or No-	14, RAC Bloc	E — American Indian, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1	☐ YES	2)( NO	Specif	fy:			Spe	WHITE
15. DECEDENT'S ED			CEDENTS	USUAL OC	CLIDATIO	NA .		Τ.	6b, KIND OF BU	ICINECS/IL	Indeter	MITTIN
(Specify only highest grad	e completed)	(G	live kind of	work done d	luring mo	at of work	ing	Π.	ou kno or bo	/GII4E33/II	DOSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ENG	INEE	RII	₫G J			U.S.	COME	RIM	ENT
17. FATHER'S NAME (First, Middle, Last)			DI	GAT TO	1.17.7		THER'S NA	AME (Fire	, Middle, Meider			mt/ T
EDWIN F.WANTZ									MUES			
19e. INFORMANT'S NAME (Type/Print)		10	b. MAILIN	ADDRESS	(Street =				mber, City or Tox		Tio Code	
ANNA M. WANTZ												MD.21060
23. PART I. Enter the diseases of shock, or heart failure	complications the			RA 42	YM0 26 0	OND CRAI	IN H	FIN	S.W.G	LEN	BUR	Approximate interval Betw
	complications the List only one ca	at caused the d	ite.	RA 42 not enter	YMO 26 C	OND CRAI	C. EN H	FIN WY.	S.W.G	LEN	BUR	Approximate Interval Betw
shock, or heart fellors IMMEDIATE CAUSE (Finel disease or condition	complications the List only one ca	at caused the duse on each line	eduence (	RA42 not enter  S ft.	YMO 26 C	OND CRAI	C. EN H	FIN WY.	S.W.G	LEN	BUR	Approximate Interval Betw
shock, or heart fellòre IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	of the desired the	EQUENCE (	RA 42 not enter	YMO 26 () the mo	OND CRAI de of d	C. IN H ying, suc	FIN WY.	S.W.Gardiac or resp	LEN piratory a	BUR	Approximate interval Between Approximate interval Between Approximate interval Between Approximate App
shock, or heart fellows  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  Children  C	b	of the desired the	EQUENCE (	RA 42 not enter	YMO	OND CRAI	C. H. H. H. S. S. S. S. S. S. S. S. S. S. S. S. S.	FIN IWY.	S.W.G ardiac or resp  Lug  24a. WAS A PERFC 1   YES	LEN piratory a	BUR	Approximate interval Betward Policy of Death?
shock, or heart fellows  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  Charles Sequentials  PART II. Other algnificent conditions  Sequentials or injury that initiated events resulting in death) LAST	b. DUE TO  d	of caused the duse on each line of caused the duse on each line of consecutive to consecutive the consecutive to consecutive the consecutive t	EQUENCE C	RA 42 not enter  S 11-  OF):  In the un	YMO26 (the moderlyIndex)	OND CRA 3 de of dy	C. IN H ying, suc B (:	FINITY ch as co	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES	LEN piratory a	BUR	Approximate interval Between Onset and D
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of the condition	b. DUE TO  d. HOSPITAL: ALAppatient 2	of caused the duse on each line  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse	EQUENCE (	RA 42 not enter  S 11-  OF):  OF):  OTHER 4   Num	YMO26 (the moderlyIn	OND CRA 3 de of dy	C. IN H ying, suc B (:	FINITY ch as co	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES	N AUTOPS'	BUR errest,	Approximate interval Between Onset and D
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are under the conditions of the con	b. DUE TO  d. HOSPITAL:  PARPETER 280, DATE O	of caused the duse on each line  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse  Of Cor as a conse	EQUENCE COUNTY C	RA 42 not enter  S 11-  OF):  OF):  OTHER 4   Num	YMM 26 (the model) the model the mod	OND CRAJ de of di	C. EN H ying, suc BI.	FINITY ch as co	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES	N AUTOPS'	BUR errest,	Approximate interval Between Approximate interval Between Approximate interval Between Approximate App
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions are successed in the conditions of	b. DUE TO  d. HOSPITAL: Paraetient 2 26e. PLACE	of caused the duse on each line  of caused the duse on each line  of correct the course of correct the course of correct the course of correct the course of correct the course of correct the course of correct the course of correct the course of correct the course of	EQUENCE COUNCE CO	PA 42 not enter  S 1 F):  OF):  OTHER 4 Num ME OF JURY M	YMM 26 ( the mo	g cause	C. EN H ying, suc BI.	Part I.	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES  One) DESCRIBE HOW	N AUTOPS SHMED?	Y 24	Approximate interval Betward Polymer and Day a
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions. If any Section 1 and Section	b. DUE TO  C. DUE TO  d. HOSPITAL:  PAREO (Month,  260. PLACE	of caused the duse on each line  Trail  Of Cor as a conse	EQUENCE COUNCE CO	PA 42 not enter  S 1 F):  OF):  OTHER 4 Num ME OF JURY M	YMM 26 ( the mo	g cause	C. EN H ying, suc BI.	Part I.	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES	N AUTOPS SHMED?	Y 24	Approximate interval Betward Polymer and Day a
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation are suicided to determined.  29e. CERTIFIER (Check only)	complications the List only one category one category one category of the cate	of my knowledge, d	e.  COUENCE CO	RA 42 not enter  S 1- F):  OF):  OF):  OTHEF 4   Num  ME OF   JURY M  street, factored at the II	derlyin  25. P  3	g cause	C. IN H ying, suc B(  B(  Given in  DEATH (C  Residence	PIN WYch as co	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES  One) DESCRIBE HOW  OCATION (Streetly) Course(s) and m	N AUTOPS PAMED?  2 NO  1 NJURY C	BUR errest,  Y 24  DOCCURED to or or Rural stated.	Approximate interval Betw of Onset and D
shock, or heart fellows IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation are suicided to determined.  29e. CERTIFIER (Check only)	b. DUE TO  c. DUE TO  d	of my knowledge, d	e.  COUENCE CO	RA 42 not enter  S 1- F):  OF):  OF):  OTHEF 4   Num  ME OF   JURY M  street, factored at the II	derlyin  25. P  3	g cause  g cause  LACE OF  INTERPORT AT DRIK?  YES 2  In end place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place  gend place	C. IN H ying, suc B(  B(  Given in  DEATH (C  Residence	Part I.  Part I.  26f. L  26f. L  Cone to the etime, d	S.W.G ardiac or resp  24a. WAS A PERFC 1 YES  One) DESCRIBE HOW  OCATION (Streetly) Course(s) and m	N AUTOPS PRIMED? 2 NO INJURY C	BUR Prest,  Y 24  DOCCURED  Der or Rura  stated.	Approximate interval Between Onset and D o

A Section of Contract of Contr

Martin State of the State of th

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

_	TIEGISTINAT		- OL	- 1 4 1 11	IOAIL	- 01	DEA	111		TEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	GWIN	NETTE		WIB	LE			2. DATE OF MONTH SEPTE	OEATH MBER	17,	<b>199</b> 1	3. TIME OF DEA	
1	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH			PLACE (State or I	
Y	577-18-1724	1 🗌 M 2 💢 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	oct. 1	0, 1	902	MARY	LAND	
1	9e. FACILITY NAME (If not institution, give s						OR LOCATI		ATH		9c. COU	INTY OF DE	ATH	
0	ST. MARY'S NURSIN	G CENTER			LEO	VARD	TOWN				ST	. MAF	RY'S	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					1	10d. INSIDE CIT	γ
DIRECTO	MARYLAND ST.	MARY'S		1-1	LEON	ARDT	OWN				,		LIMITS?	] NO
FUNERAL	ST. MARY'S NURSIN	G CENTER	?			10	i. zip cod	€ 0650				.S.A.	HAT COUNTRY?	
B≼	11. MARITAL STATUS  1 Never Married 2 Married  3 Divorced	FORCES?	NT EVER IN U.S. ARI 1 ☐ YES 2 ☑N WAR OR DATES		13.	WAS OEC If yes, sp 1 [] YES	ENDENT ( ecity Cube 2 X NO	OF HISPAN an, Mexica Specify	NC ORIGIN? (5 n, Puerto Rica /:	Specify Yea in, etc.)	or No—	14. RACE Black, Specifi WHIT	— American Inc , White, atc. y: E	ilan,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Gi	ve kind of Do NOT u	Work done to retired.)	CCUPATION OF THE COURT OF THE C	ON ost of worki	ing		ND OF BU			/DE	
N N	17. FATHER'S NAME (First, Middle, Last)			CAO			18 MOT	HED'S NA	ME (First, Midd			T STC	RE	
BE CC	CHARLES	GOLD	SBOROUGH				10. 1101		NETTE	erd, marugh	- Jurinitimi)	R	USSELL	
0	190. INFORMANT'S NAME (Type/Print) JOHN LESTER WIBLE								HOUTE Number,				D 2265	^
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DISP	OSITION	(Name		#306,	_		OWN M	D 20650 wn, State	)
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		CHARLE	ES M	_					LEO	NARD	TOWN,	MARYL	AND
	21. SIGNATURE OF FUNERAL BERVICE LI	SLL.	Mine		M	TTT		Y-GA	RDINER				P.A.	0650
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUB-P	O (OR AS A CONSECUTION OF OR AS A CONSECUTION	DUENCE C	lm	ma	pro t	Tai m	les box	is				Between and Death
	PART II. Other Significant condition	ns contributing t	o death but not r	eoulting	in the u	nderlyin	g cause	given in	Part L. 2	4s. WAS AN		246.	WERE AUTOPSY AVAILABLE PRIC	IN TO
N: MEDICAL	- Organi	010	rain	<i>\rightarrow</i>	y	d	son	ne		□ YES	×		1 YES 2	
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		eggwen so:	ОДИЕ	R:	TEN UNIO	Children et al.	neck only smit				. ,	/ \
1×S	1 TYES 2 NOO 27. MANNER OF DEATH	1 C Inpatient 2	ER/Outpatient 3	DOA 286, TH	4 Okto	rsing Hor	JURY AT	lesidence	8 Other #	Marian Scholarson	MARIN C	ocuseo		
BY PHYSICIAN:	1 Natural 5 Pending Investigation		Day: Year)		M	W	YES 2	□ NO	- Depoi	THE THUM	- Louis Of	- Corner		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At ho g, etc. (Specify)	me, farm,	street, fac	dory, offi	D#			ON (Street Town, State		er or Runel R	Route Number	
COMPLETED	decining and		of my knowledge, de exemplication and/or										) and manner so	stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	T.	bill	Æ	M	1	290. LIC	D SENSE	D69	1/9	296. DA	TE SIGNED	8-97	r)
2	30, NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	THE OF DEATH (ITE	M 27) (7yp	Print)	-	150		-	11				
	J. PATRICK JARBOI 31. DATE FILED (Month, Day, Mar)		LEON/			MAR	YLAN	D 2	0650					
	SFP 23 '0	11 1	Sin Davidson	-Aan	dalle									



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAF					MENTA	L HYGIEI	NE	6	0133
	1. DECEDENT'S NAME (First	, Middle, Last)			2.					2. DATE	OF DEATN	DAY YE	3.	TIME OF DEATH ·
	Mary Co	le You	nger									25 199		10:10 AM
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATÉ	OF BIRTH th, Day, Year)	6.1		CE (State or Foreign
	218-16-99	912	1 □ M 2 📡 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.			,1907		vland
1	9a. FACILITY NAME (If not in	nstitution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF OR			9c. COUNTY		
H	At Home					Ker	nec	7777 i	116	Mc	i.	Ken	+	
Ĕ.	RESIDENCE OF DEC	ii ·							110	1.10	4.0	1 Mer		
DIRECTOR	10e. STATE	10b. COUNTY			1000	Y, TOWN C							104	d. INSIDE CITY LIMITS?
	Maryland		ent_		K	enne								YES 2 N NO
FUNERAL	10e. STREET AND NUMBER						22.5	ZIP COO				10g. CITIZEN	OF WHA	T COUNTRY?
NE L	Browntow	vn, Ro						164				USA		
F	11. MARITAL STATUS  1 Never Married 2	Mowled	12. WAS DECEDED FORCES?	TEVER IN U.S.	NO						N? (Specify Y Rican, etc.)	ee or No— 14.	RACE - Black, W	American Indian, hite, etc.
ВУ	3 Widowed 4 Dive		IF YES, GIVE	MAR OR DATES	.X		1 YES	2 NO	Specify	y:			Specify:	
	XX	CEOENT'S EOU	CATION	160	DECEDENT	I IIIII O	CCUPATIO	NAI .		146	P KIND OF B	I (/ USINESS/INDUST	hit	e
TE	(Specify on	ly highest grade	completed)		(Give kind of Me. Do NOT u	work done	during mo	st of working	ng	10	D. KIND OF B	OSINESS/INDOS	ni	
PLE	Elementary/Secondary (	0-12)	College (1-4 or 5		ales	Dar					D		1	4
COMPLETED	17. FATHER'S NAME (First, A	diddle, Lest)			ares	Per	SOL		HER'S NA	ME (First	Middle, Maide	uce Ma	rke	T.
	Jacob B.							1000000			awkin			
BE	19a, INFORMANT'S NAME (				19b. MAILIN	3 ADORES	S (Street a					wn, State, Zip Coo	nte.)	
5	Marilyn H			- 1								e, Md.		1 E
	20e. METHOD OF DISPOSIT				E OF DISPO					ieas		OCATION - City		
	1 St Buriel 2 Cremetic	on 3 🗆 Rem	oval from State	other	umpt							umpton		
	21. SIGNATURE OF PUNERA	, , ,, ,,	ENSEE		umpe	22.	NAME A	ID ADDRE	SS OF FA	CILITY			171	u.
	. M.	0	111			F	ell	OWS	Fui	nera	al Ho	me	21	651
	Dary	16.0	tellore	25								Milli		on,Md.
	23. PART I. Enter the c shock, or h IMMEDIATE CAUSE (FI disease or condition	neart fallure.	complications the		ine.				Ing, suc	ch se ca	rdisc or rea	piratory arrest	,	Approximate interval Between Onset and Death
	reaulting in desth)	<b>→</b>	S. DUE/TO	(OR AS A CON	1									
CERTIFICATION	Sequentially list condition of the sequential of	tions,	b. DUE TO	O (OR AS A CONS	SEQUENCE (	OF):								
CAT	cause. Enter UNDERLY	ING	•											
IF	CAUSE (Disease or injuthat initiated events		DUE TO	OR AS A CON	SEQUENCE (	OF):								
H	resulting in death) LAS	ST	d											
	PART II. Other signific	ent condition	e contributing to	death but no	et requiting	in the u	odertyln	a cause	alven in	Dart I	Zan WAS A	AN AUTOPSY	245 W	FRE AUTOPSY FINDINGS
CAL	my 1	+ mi	1 Am	W		III LITE OF	nuony m	A canse	given in	rart I.	0.000	ORMEO?	AN	AILABLE PRIOR TO
ă		, ,,,,,	ve ji		)		<del></del>				1 TYES	2 NO		DEATH?
M			-										t	YES 2 NO
Z		/									<u> </u>			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	_	LACE OF D	DEATH (C/	heck only	one)			
YS	1 TYES 2 NO		1 Inpatient 2						esidence		ner (Specify)			
	27. MANNER OF DEATH  1 Netural 8	Pending	26a. DATE O (Month,	FINJURY Day, Year)	28b. Ti	ME OF JURY	W	DRK?	7.76	28d. O	EŞCRIBE HOV	V INJURY OCCUR	ED	
ВУ	2 Accident	Investigation				-		YES 2	NO					
COMPLETED	3 Suicide 6 A Nomicide	Could not be determined	28e. PLACE building	OF INJURY — At I, etc. (Specify)	home, farm	street, fac	tory, offic	•		261. LO	CATION (Street by or Town, Sta	et end Number or (e)	Rumi Rou	te Number,
7	29e. CERTIFIER 1 CEF	TIFYING PNYS	ICIAN: To the best of	of my knowledge,	death occur	red at the	time, date	and place	e, and due	e to the c	ause(e) and n	nanner as stated.		
M		DICAL EXAMINE	P Con, the bigals of	examination and/	for investigat	ion, in my	opinion, o	death occu	red at the	time, da	te end place,	end due to the c	ause(s) s	nd manner as atated.
	296. SIGNATURE AND TITL	E OF CERTIFIE	11	SHO	NAM	911	_	29c. LIC	ENSE NU	MBER		29d, DATES	GNED À	onth, Day, Year)
D BE	alx	>/	U	in	n			D	36 F	154		▶8/3	2 - /	91
5	30. NAME AND ADDRESS OF	OF PERSON WI	O COMPLETED CA	GUE	C /	A Print)	. /	nd	1	2	162	D	1	
8	31. DATE FILED (Month, Po	EB"03	'9 32. REGISTE	JAR'S SIGNATUR	levidson	-Aland	ett							

man to the second

STREET AND NUMBER  423 East Patric  MARITAL STATUS  Never Married 2   Married  15. DECEDENT'S El (Specify only highest gra  Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Lest)  FIMER Eugene  INFORMANT'S NAME (Type/Print)  1 gene Dixon You  METHOD QE DISPOSITION  Burlel 2 D Cremation 3   Ref  1 Donation 5   Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the diseasee, o	S. SEX  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 2 KF 8  1 M 3	GE (In yrs. lest birthdey)  FR. IN U.STARIMED  ER IN U.STARIMED  ES 24 NO R DATES  16a. DECEDENT'S US  (Give kind of work iffe. Do NOT use re  Properito  19b. MAILING AD  123 Eas  20b. PLACE ANO OATE OF  OCCUPATION OF  MOOO22  Ised the deeth. Do not	DWN OR LOCATINE FOR THE PAGE OF THE PAGE	FUNDER 24 HRS.  HOURS MIN.  R LOCATION OF DEATH rederick  ON ederick  ZIP CODE 217( ENDENT OF HISPANIC octry Cuban, Maxican, P 2 NO Specify:  No of working rehant  18. MOTHER'S NAME AMY KUMP  IN NOTHER'S NAME AMY KUMP  ON NAME OF BURLER POUR CONTROL OF	DRIGHY? (Specify Yes or No- tuerto Rican, atc.)  16b. KIND OF BUSINESS// Radio Serv  (First, Middle, Meiden Surname to Number, City or Town, State, t, Frederick  DATE 20c. LOCATION 18,91 Smiths	of Barry 10d. Na Lin 10d. Na L	Land Lck  SIDE CITY WITS? ES 2 NO WINTRY? O-A- Prican Indian, atc. 11 te  701  Tyland e
PART I. Enter the disease or condition	1 M 2 KF 8 e street and number; rial Hospital  NTY rederick  12. WAS DECEDENT EVE FORCES? 1 V IF YES, GIVE WAR OF  DUCATION and completed)  College (1-4 or 5+)  Dixon  LICENSEE  C. Dasford  or complications that cau	Properito  19b. Mailing and 123 & Eas  20b. Place And Oate Of Organism, cremetory of Model of the Model of th	DAYS  CITY, TOWN OF F.  COWN OR LOCATION  101.  13. WAS DECE If yes, spe 1   Yes, 1   Yes  ALL OCCUPATION  done during most dired.)  ORESS (Street ar.  ST. Patr  DISPOSITION  There place)  22. NAME AN  K.	Any Kump  The Morter's Name  Any Kump  And Number or Rural Rout  And N	Continue of the continue of th	DUNTY OF DEATH Freder:  10d. th Freder:	Land Lck  SIDE CITY WITS? ES 2 NO WINTEY? O-A- Prican Indian, atc. nite  701  Tyland e
Trederick Memor  SIDENCE OF DECEDENT  STATE  10b. COUN  [Aryland F  STREET AND NUMBER  [23 East Patric  MARITAL STATUS  Never Married 2 Married  [Widowed 4 Divorced  15. DECEDENT'S El  (Specify only highest gra  Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Lest)  FIMER Eugene  INFORMANT'S NAME (Type/Print)  12 Gene Disposition  Burlel 2 Cremation 3 Re  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the disease, o shock, or heart fellur  MEDIATE CAUSE (Final)  MEDIATE CAUSE (Final)  MEDIATE CAUSE (Final)	rial Hospital  Prederick  Reserved Street  12. WAS DECEDENT EVE FORCES? 1 VE FORCES. 1 VE FORCES	10c. CITY, TO  ER IN U.STARMED ES 2 ENO R DATES  16a. DECEDENT'S USI (Give kind of work the. Do NOT use re  Properito  19b. MAILING AD 123-2 Eas  20b. PLACE ANO DATE OF O competage, crematory of ILINSOURS  MOOO2]	DWN OR LOCATINE FOR THE PAGE OF THE PAGE	on ederick  zip code 2170  enderick  2170  enderick  2170  enderick  2170  enderick  enderick  2170  Specify:  not working  rchant  18. Mother's name  Amy Kump  and Number or Rural Rout  ick Stree:  (Name  y 9-  D Address of Facilia  eeney and  06. Fast C	DRIGHY? (Specify Yes or No- userto Rican, atc.)  16b. KIND OF BUSINESS// Radio Serv  (First, Middle, Maiden Surname to Number, City or Town, State, t, Frederick  DATE 20c. LOCATION 18,91 Smiths TY  Basford Fun	14. RACE — Ame Black, White, Specify: William Co. 1. Miles Co. 1. Mile	side city dits? es 2 no unter? o.A. rican indian, atc. nite  701 aryland
STATE  STATE  STATE  STREET AND NUMBER  123 East Patric  MARITAL STATUS  Never Married 2   Married  Widowed 4   Divorced  Specify only highest gra  Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Lest)  FIMER Eugene  INFORMANT'S NAME (Type/Print)  12900 Dixon You  NETHOD 2 DISPOSITION 3   Ref  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the disease, of shock, or heart fellur  MEDIATE CAUSE (Final	rederick  k Street  12. WAS DECEDENT EVE FORCES? 1   VI IF YES, GIVE WAR OF THE PROPERTY OF TH	19b. MAILING AD 123-2 Eas 20b. PLACE ANO GATE OF COMPETATION OF CO	19. WAS DECE If yes, spe 1 □ YES  VAL OCCUPATION done during most dired.)  ORESS (Street ar. St. Patr  DISPOSITION of the place)  Penator  22. NAME AN  K.	ederick  ZIP CODE  2170  ENDENT OF HISPANIC of City Cuban, Markean, P  2 No Specify:  No of working  rehant  18. MOTHER'S NAME  Amy Kump  Ind Number or Rural Rout  ick Stree:  (Name  y 9-  D ADDRESS OF FACILIA  eeney and  06. Fast C	ORIGIN? (Specify Yea or No- uerio Rican, atc.)  16b. KIND OF BUSINESS// Radio Serv  (First, Middle, Meiden Surname to Number, City or Town, State, t, Frederick  DATE 20c. LOCATION 18,91 Smiths  TY  Basford Fun	14. RACE — Ame Black, White, Specify: William of the Black, White, W	mits? Es 2 \( \text{NO} \)  NOTICEN Indian, atc.  701  Tyland  e
ARRITAL STATUS  Never Married 2   Married  [Widowed 4   Divorced    Specify only highest gra   State   State   State	12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES. 1	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re Properito  19b. Mailing ab 123-2 Eas 20b. Place and oate of of competancy crematory of 11th Sourg  MOOO2]	13. WAS DECE If yes, spe- 1 □ YES  JAL OCCUPATION done during mose dired.)  DRESS (Street are St Patr  DISPOSITION Tenacor  22. NAME AN  A	2170  ENDENT OF HISPANIC CITY Cuban, Markean, P 2 No Specify:  10 of working  rchant  10. MOTHER'S NAME  Amy Kump  10 Number or Rural Rout  10 Number of Rural Rout  10 Number of Rural Rout  10 Address of Facilia	ORIGIN? (Specify Yea or No- uerio Rican, atc.)  16b. KIND OF BUSINESS// Radio Serv  (First, Middle, Meiden Surname to Number, City or Town, State, t, Frederick  DATE 20c. LOCATION 18,91 Smiths  TY  Basford Fun	Industry  Indust	701
Never Married    Widowed 4   Divorced	FORCES? 1 V. IF YES, GIVE WAR OF DUCATION add completed)  College (1-4 or 5+)  Dixon  LICENSEE  C. Dasford  Complications that country the completed of the com	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re Properito  19b. Mailing ab 123-2 Eas 20b. Place and oate of of competancy crematory of 11th Sourg  MOOO2]	If yes, spending yes  In yes	noty cuban, Markean, P  2 No Specify:  Not of working  rehant  18. MOTHER'S NAME  Amy Kump  Ind Number or Furel Rout  ick Stree:  (Name  y 9-  D ADDRESS OF FACILIA  eeney and  06. Fast C	Radio Server Ricat, Middle, Meiden Surname  Number, City or Town, State, Frederick  DATE 20c. LOCATION 18,91 Smiths  TY  Basford Fun	Specify: Williams  Industry  ice  Zip Code)  Md. 21  City or Town, Start  Sburg, Ma  Aeral Home  Rederick	701
(Specify only highest gra  Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Last)  FITTHER Eugene  INFORMANT'S NAME (Type/Print)  I gene Dixon You  METHOD OF DISPOSITION  Burlel 2 Cremation 3 Re  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the diseasee, o shock, or heart fellur  MEDIATE CAUSE (Final lease or condition	College (1-4 or 5+)  Dixon  Ing  emovel from State  C. Dasfor  or complications that ceu	(Ghe kind of work the Do NOT use no Properito 19b. MAILING AD 123 Eas 20b. Place And Gate Of Competacy, cremator of MOOO2]	one during most irried.)  DRESS (Street at Patr  DISPOSITION The Place)  22. NAME AN  K	rchant  18. MOTHER'S NAME Amy Kump  19. MOTHER'S NAME Amy Kump  10. Mother or Rural Rout 10. Stree*  (Name y 9- D ADDRESS OF FACILIA 10. East C	Radio Serve (First, Middle, Meiden Surname to Number, City or Rown, State, t, Frederick DATE 20c. LOCATION 18,91 Smiths TY Basford Fun	Zp Code) , Md. 21  - City or Town, Start sburg, Ma heral Home	ryland
Elmer Eugene  INFORMANT'S NAME (Type/Print)  Igene Dixon You  METHOD OF DISPOSITION  Burlel 2 Di Cremation 3 Re  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the diseasee, of shock, or heart fellur  MEDIATE CAUSE (Final lease or condition	emoval from State ST	20b. PLACE AND DATE OF COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMP	constraint of the place of the	Amy Kump  Amy Kump  Amy Kump  Amy Kump  Amy Rural Roun  (Name  Y  D Address of Facilia  eeney and  Of Fast C	t, Frederick  DATE 200. LOCATION 18,91 Smiths  TY  Basford Fun	Zp code) 2, Md. 21  - City or Town, State Sburg, Ma neral Home	ryland
METHOD OF DISPOSITION Burlal 2 D Cremation 3 Re Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE PART I. Enter the disease, o shock, or heart fellur MEDIATE CAUSE (Final lesse or condition	emoval from State ST LICENSEE C. Dasford or complications that cou	20b. PLACE AND DATE OF COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMP	constraint of the place of the	y 9- D ADDRESS OF FACILIO eeney and Of Fast C	DATE 200. LOCATION 18,91 Smiths	- City or Town, Start Sburg, Ma neral Home	ryland
Buriel 2 Cremation 3 Re in Donatton 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  PART I. Enter the diseasee, o shock, or heart fellur MEDIATE CAUSE (Final lease or condition	LICENSEE  C. Dasford  or complications that cou	MOOO2	emator emator 22. NAME AN K	y 9- D ADDRESS OF FACILI eeney and 06 Fast C	18,91 Smiths Basford Fur	burg, Ma	ryland e
PART I. Enter the diseasee, o shock, or heart fellur MEDIATE CAUSE (Final lease or condition	C. Basford or complications that cou	used the deeth. Do not	K	eeney and	Basford Fun	redemick	В
PART I. Enter the disease, o shock, or heart fellur MEDIATE CAUSE (Final lease or condition			enter the mod	Ob Rast C	hurch St.	<u>redemick</u>	
quentielly list conditions, bry, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events sulting in death) LAST	b. REE  DUE TO (OR A	AS A CONSEQUENCE OF):	45666	_	accide &		
RT II. Other significant condition	tions contributing to deat	th but not resulting in	he underlying	g cause given in Pa	rt I. 24s. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	AMAILA COMPL OF DEA	AUTOPSY FIND BLE PRIOR TO ETION DF CAL ATH? ES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:				
MANNER OF DEATH	28a. OATE OF INJU	JRY 28b. TIME C	F 28c. INJI	URY AT 21		OCCURED	
Accident Investigation  Suicide 6 Could not it	28a. PLACE OF INJ building, atc. (	JURY — At home, farm, stre (Specify)			8t. LOCATION (Street and Num City or Town, Stete)	nber or Rural Route Nu	vmber,
and and							anner de stal
		40	п пу ориноп, о	29c. LICENSE NUMBE	ER 29d. (		
	MAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO MANNER OF DEATH   Netural   5   Pending Investigate   1   CERTIFIER (Check only one)   2   MEDICAL EXAM	DUE TO (OR  DUE TO (OR  Initiated events uiting in death) LAST  A  RT II. Other significant conditions contributing to death  NAS CASE REFERRED TO MEDICAL EXAMINER?  I YES 2 NO  NANNER OF DEATH  Natural 5 Pending investigation investigation investigation investigation investigation determined  CERTIFIER  Check only  CERTIFIER  Check only  CERTIFVING PHYSICIAN: To the best of my investigation	DUE TO (OR AS A CONSEQUENCE OF):  Initiated events  Ulting in death) LAST  Other significant conditions contributing to death but not recuiting in to  MAS CASE REFERRED TO MEDICAL  EXAMINER?  I VES 2 NO  MANNER OF DEATH  Natural  Suitcle  Suitcle  CERTIFIER  (Check only one)  MEDICAL EXAMINER: On the basis of examination and/or investigation, in the basis of examination and/or investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation and investigation	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  Initiated events  Uiting in death) LAST  Other significant conditions contributing to death but not recuiting in the underlying cause given in Pa  NAS CASE REFERRED TO MEDICAL  EXAMINER?  I VES 2 NO  NANNER OF DEATH  Natural  NANNER OF DEATH  Netural  Suicide  Could not be determined  CERTIFIER  Check only  OTHER:  1 Pending investigation  Suicide  CERTIFIER  Check only  1 CERTIFIER  Check only  1 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dua to only  SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE  29c. LICENSE NUMBE	DUE TO (OR AS A CONSEQUENCE OF):  Initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Initiated events uiting in the underlying cause given in Part I.  24a. WAS AN AUTOP PERFORMED?  1	USE (Disease or injury t initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  USE (Disease or injury t initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  USE (Disease or injury t initiated events uiting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  USE (Disease or injury t initiated events uiting in death) LAST  A. WERE AMAILAT COMPL OF DEATH (Check only one)  PERFORMED?  1 YES 2 NO  DTHE:  26. PLACE OF DEATH (Check only one)  EXAMINERY  1   YES 2 NO  MANNER OF DEATH  Netural   S   Pending Investigation   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   SiGNATJRE AND TITLE OF CERTIFIER   Suicide   Su

more after products a rest nor the state of the s The transfer of the second of market and and power from 20%

production and the first term of the first first terms.

A SOCIAL SECURITY HOMES IN SAME CONTROL NAME OF A SOCIAL S		F	ran	0.15	Ira	Yaz	tes				2. DATE	OF DEATH	3	YEAR	3. TIME OF DE
THE PROPERTY OF DEATH AND PLANT AND	1	214-36-2629		1X M 2 🗆 F							(Month	, Day, Year)	1930	Count	HPLACE (State or
THE STREET AND NUMBER    101. ZIP COOE   20624   105. CITIZEN OF WHAT COUNTRY	108	1 Sti Ma	RYS	street end number) HOSP1	tal		9b. CITY,						9c. COU	NTY OF E	DEATH
19. STREET AND NUMBER  P.O. BOX 4  11. MARTIAL STATUS  12. MARTIAL STATUS  12. MARTIAL STATUS  13. MARTIAL STATUS  14. MARTIAL STATUS  15. MARTIAL STATUS  15. MARTIAL STATUS  16. DANGEO OF BURNESS HIGHLY MARTIAL STATUS  17. MARTIAL STATUS  18. MA	DIREC	10e. STATE	10b. COUNT						ON						
TRACEY C. YATES  20. METHOO OP DIBENSTROM  IN MOTHER'S NAME (Pist, Models, Lesis)  DOSEPH LOUIS YATES  10. MOTHER'S NAME (Pist, Models, Lesis)  DOSEPH LOUIS YATES  11. MATTER'S NAME (Pist, Models, Lesis)  DOSEPH LOUIS YATES  12. MARKENDO OF DIBENSTROM  TRACEY C. YATES  13. MATTER'S NAME (Pist, Models, Lesis)  DOSEPH LOUIS YATES  14. MAILING ADDRESS (Simile and Number or your beauting in the underlying cause given in Part I. 24. Wes AN AUTOPEY ADDRESS OF COMPRISION OF STREET IN THE CAPACITY OF STREET IN THE	ERAL														WHAT COUNTRY
S. DECEDENTS BOUGSTON (Specify of Nyhphire globe) on Nyhphire globe complexed)  Bewertspiscodery (9-12)  Bewertspiscodery (9-12)  Codege (1-4 or 5+)  BTH GRADE  IT. RATHER'S HAME (First, Middle, Last)  JOSEPH LOUIS YATES  IS. MOTHER'S HAME (First, Middle, Last)  JOSEPH LOUIS YATES  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS (Street and Number or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS Or Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILING ADDRESS OR Plumithan Shame, Lypurphire)  199. MAILI		11. MARITAL STATUS 1 Never Married 2	Merried	FORCES?	1 YES 2	NO X	lf lf	AS DECEI	NDENT OF	HISPAN Mexican	n, Puerto F			14. RAC Blac Spec	E — American I k, White, etc.
JOSEPH LOUIS YATES  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Pious Number. City or Town. State). Zip Code)  198. MAILING ADDRESS (Street and Number or Rural Rural Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City or Town. State). Zip Code Number. City City City City City City City City	<u> </u>	(Specify only Elementery/Secondery (0	y highest grade	e completed)		(Give kind of w life. Do NOT use	vork done du e retired.)	CUPATION uring most	of working	,				USTRY	ITE
196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Places Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Rocae Humber, City or Town, State, 20 code)   196. MRLING ADDRESS (Sized and Number or Rural Rocae Humber, City or Town, State, 20 code, 20 c	III	The state of the s		YATES										ENN	ZSON
20. PLACE AND DATE OF DESTRICT (Name of 2 of 1 of 1 of 1 of 1 of 1 of 1 of 1	2														
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1 VES 2  28. DATE OF INJURY  M 1 VES 2  NO  28. PLACE OF INJURY AT WORK?  1 WORK?  28. DATE OF INJURY  M 1 VES 2  NO  28. PLACE OF INJURY AT WORK?  1 VES 2  NO  28. PLACE OF INJURY AT WORK?  M 1 VES 2  NO  28. PLACE OF INJURY AT WORK?  NO  COMPLETION OF THE COMPL		SHOCK, OF HE	bert fellure.	complications the	et caused thuse on eech	a desth. Do no	P.C	). B	OX 2	70,	LEON	IARDTO	WN, M	ARYI	LAND 2
EXAMINER?    HOSPITAL:   OTHER:   1   Mining Home   5   Residence   6   Other (Specify)		Sequentially list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initieted evente	lona, diate NG	· M	suce	and.	ip	B	ly de	et et	ty p	Resp	wap	my	
2 Accident Investigation   M 1 VES 2 NO    2 Accident Suicide   Section   No    3 Suicide   Source   Section   Suicide   Section   Suicide   Section   Secti	MEDICAL CERTIFICATION	Sequentially list condition in any, leading to immediate. CAUSE (Disease or injusted initioted evente resulting in death) LAST	lona, dlate NG ry	e. OHE ye	YOR AS A CO.	NSEQUENCE OF	il	B erlying o	De couse gl	ven in F	Part I.	24e. WAS AN PERFOR	MED?	eny	Onset a
28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	AN: MEDICAL CERTIFICATION	resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initieted evente resulting in death) LAST  PART II. Other significents.  25. WAS CASE REFERRED TO EXAMINER?	diate NG I'v	the DHE Jd	o deeth but r	not resulting in	n the und	26. PLAC	CE OF DE	ATH (Che	ck only one	24a. WAS AN PERFOR	MED?	eny	Onset a  Nere Autops  Wallable Pric  COMPLETION O  OF DEATH?
	1YSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions and the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated evente resulting in death) LAS' PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Matural 5	one, diate NG III on the condition of th	HOSPITAL: 1 Supplement 2 280. DATE Of	o deeth but r	not resulting in	OTHER:	26. PLACING Home	CE OF DE	ATH (Che	ck only one	24a. WAS AN PERFOR 1 YES 2	MED?	246	Onset a  Nere Autops  AMAILABLE PRICOMPLETION O  OF DEATH?
	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Matural 5 1  29. CERTIFIER (Check only 1 Centre)	one, diate NG iry int condition of the condition of the condition of the could not be determined of the could not be determi	HOSPITAL: 1 Parpetient 2 28e. DATE Of (Month, L 28e. PLACE C building,	ER/Outpatier FINJURY Day, Year) OF INJURY — A, etc. (Specify)	not resulting in a 3 DOA 28b. TIME INJU	OTHER: 4   Nursir E OF 2 Heret, factor	28. PLACE IN THE P	DE OF DE.  5  Res  17 AT (?)  S 2  nd place, ond place, one	ATH (Choice & NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. LOCACITY of	24a. WAS AN PERFOR 1 VES 2  (Specify)  CRIBE HOW II  TION (Street et Town, State)	NJURY OCC	24b	Onset a  WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?  1  YES 2
Check only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner see attated.  29b. SIGNATURE AND THILE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ABDRESS OF PERSON WHO COMPLETED CADSE OF OEATH (ITEM 27) (Type, Print)	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Matural 5 1 Matural 5	one, diate NG III on the Condition of th	HOSPITAL: 1 Dispetent 2 [ 28e. DATE Of (Month, L) 28e. PLACE C building.	De injury of inj	not resulting in 3 DOA 28b. TIME INJU	OTHER:  OTHER:  OF 2  RY M  At the tim  n, in my opin	26. PLAC ng Home 8c. INJUP WORK 1 YES y, office e, dete en	S 2 d	ATH (Chordeled NO NO NO NO NO NO NO NO NO NO NO NO NO	ck only one  B Other  28d. DESt  28f. LOCA  City of	24a. WAS AN PERFOR 1 VES 2  (Specify)  CRIBE HOW II  TION (Street et Town, State)	NJURY OCC	24b	AMALABLE PRIC COMPLETION O OF DEATH?  1 YES 2   Representation of the second of the se

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	91 26802	
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  ESTELLA  ZIEMANN  2. DATE OF DEATH MONTH OF DEATH MONT	D M
	4. SOCIAL SECURITY NUMBER  5. SEX 1 M 2 AF  6. AGE (In yrs. last birthdey) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 1 DAYS HOURS MIN.  7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Formatter) 8. BIRTHPLACE (State or Formatter) 8. BIRTHPLACE (State or Formatter) 9. PRINTED TO THE	oreign
HO	90. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  ANNE A RUMBEL MED, CES ANNA POLIS  9c. COUNTY OF DEATH  A. A.	
DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. CITY, TOWN OR LOCATION  106. INSIDE CITY LIMITS?  1 Ures 2 (1)	
FUNERAL	100. STREET AND NUMBER 101. STREET AND NUMBER 101. ZIP CODE 21.012 109. CITIZEN OF WHAT COUNTRY? 21.012 109. CITIZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1	en,
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surneme),  18. MOTHER'S NAME (First, Middle, Melden Surneme),	
TO BE	190. INFORMANT'S WAME (Type/Print)  Margaret Godhand 1241 Timber Torn And ( MD 2)	(0()
	20s. METHOD OF DISPOSITION  1 Disposition 3 Removal from State  4 Donation 8 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Cother place)  Cother (Specify)  20c. to CATION - City or Town, State  Cother place)  Cother place)  Cother place)	
	21. SIGNATURE OF FUNERAL DERIVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  BARRANCO SEN-PK, MO 2/1/4	6
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line.  Approximation of the control of the control of the cause of th	Batween
	disease or condition resulting in death)  a. CH K	u Death
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):	
ERTIFICATION	if any, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury	
	that initiated events resulting in deeth) LAST  d. Severe Orteo porom + axter malacin	
CAL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AVAILABLE PRIOR COMPLETION OF OF REATH?	OT F
PHYSICIAN: MEDICAL	1 VES 2 NO OF DEATH?	NO
CIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 DEC 1 FROUTPettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
PHYS	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED	
ED BY	2   Accident   Suicide   S   Could not be determined   Accident   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   S   Could not be determined   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since   Suicide   Since	
MPLE	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	stated.
BE COMPLETED	(Check only The CERTIFYING PHYSICIAN: to the best of my knowledge, death occurred at the time, data and prace, and due to the cause(a) and manner as stated.	
TO BE COMPLET	(Check only 2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as attend.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year, D. 2 1 4 3 8 9 1 7 9 1 1 7 9 1 1 1 1 1 1 1 1 1 1 1 1	
8	(Check only one)  2   MEDICAL EXAMINER: On the base of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year, D. 2 1 4 3 8 9 1 7 9 /	

	1. DECEDENT'S NAME (Fir	rst, Middle, Las	et)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF
1	WILLIAM	BRUC								9		16 - 1		2:00
D	4. SOCIAL SECURITY NUM		5. SEX		yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDE	MIN.	7. DATE (Mont	OF BIRTH		8. BIRTH Count	HPLACE (State
	214-09-688 9a. FACILITY NAME (If not		1 M 2 F	84	YRS.						10-19			rylan
Œ	1.4			. 1		9b. CITY, 1			ION OF DE	EATH		9c. COUN		
СТОВ	Washington	CEDENT	y Hospita	aT		Hage	erst	cown				Was	hing	rton
DIRE	10e. STATE	10b. COUN	ITY		10c. Cl	TY, TOWN OR	LOCAT	ION			-			10d. INSIDI
	Maryland		shington		Had	gersto	own							1 YES
FUNERAL	100. STREET AND NUMBE						101.	. ZIP COD	_			10g. CITI	ZEN OF V	WNAT COUNT
JNE	1170 Kenl	y Aven	12. WAS DECEDER	NT EVER IN	IIS ADMED	T 42 W	LC DEC	2174		110 00101			.S.F	
	1 Never Married 2 2		FORCES?	YES	2 NO	If t	yes, spe	ecify Cuba	or misear an, Mexica Specifi	n, Puerto	l? (Specify \ Rican, stc.)	les or No-	Black	E — America k, White, atc.
ВУ	3 Widowed 4 Div	vorced	World Wa				_ TES	2 ET NO	Specin	y:			Spec	whi
TED	15. DE (Specify or	CEDENT'S ED	DUCATION de completed)		16a, DECEDENT'S	work done du	UPATIO	ON at of working	na	16b	KIND OF B	USINESS/IND	USTRY	
LETI	Elementary/Secondary	(0-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)								
COMPL	7 yrs.	Adjetelle, Land			Electr:	ical M	ain					ure M	anuf	actur
	-	enry	Zeller								Aiddle, Meide	-		
BE	19a. INFORMANT'S NAME		retter		19b. MAII INC	ADDRESS /	Street or		die	Ma Boute Mum		Barr wn, State, Zip	Cortol	
5	Lynn Charle		ler		1170 H									21740
	20a. METHOD OF DISPOSI	ITION		20b. F	PLACE AND DATE				1100	DAT		OCATION - C		
	1 Burial 2 Cremat 4 Donation 5 Othe		moval from State	- Re	st Have	n Ceme	eter	rv 9	-19-	1991		gersto		
	21. SIGNATURE OF FUNER	IAL SERVICE L	LICENSEE	,					SS OF FA	CILITY				
											hilb /			
	23. PART I. Enter the	neart lendle	r complications that a. List only one cet	it glused in use on esc	the death. Do ch line.	not enter th	st ne mod	Fune	eral	Home	Вс	onsbo	ro.	Maryl Appr
TIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Figures)	diseasea, or heart fellure inal	a. Due To	t paused tuse on esc 1 - Q L/ (OR AS A C	the death. Do	not enter the	st ne moo	Fune	eral	Home	Вс	onsbo	ro.	Maryl Appr
CERTIFI	23. PART I. Enter the shock, or immediate CAUSE (Fidsease or condition resulting in death)  Sequentially list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust) intil intilated events	diseasea, or heart feliure inal	a. Due To  Due To  d. Due To	OR AS A CO	the death. Do chillne.  Consequence of the conseque	not enter the	ne mod	de of dy	ing, suci	Home h aa care	BC BC OF Fee	onsbo	ro,	Maryl Apprinten Onse
MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition, list and if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diseasea, or heart feliure inal	a. Due To  Due To  d. Due To	OR AS A CO	the death. Do chillne.  Consequence of the conseque	not enter the	ne mod	de of dy	ing, suci	Home h aa care	BC BC OF Fee	POINS DOING TO THE PROPERTY OF MED?	ro,	Maryl Approinter Onae  WERE AUTOF AVAILABLE F COMPLETION OF DEATH?
SICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition, list and if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diseasea, or heart fellure inal itions, ediate ying lury	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	1 - Q LL (OR AS A C	the death. Do ch line.  Consequence of consequence of consequence of the not resulting	F):  F):  OTHER:	erlying	de of dy	given in	Part I.	24e. WAS A PERFC	POINS DOING TO THE PROPERTY OF MED?	ro,	Maryl Apprinter Inter Onse  WERE AUTOF AVAILABLE P COMPLETION OF DEATH?
HYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidsease or condition resulting in death)  Sequentially list condition any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAX  PART II. Other algnific	diseasea, or heart fellure inal itions, ediate ying lury	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpatient 2   26e. DATE OF	I COR AS A CO (OR AS A CO) (OR AS A CO (OR	The death. Do th	F):  In the under  OTHER:  4   Nursin  E OF   24	eriying  26. PL/ g Home	Cause ç  ACE OF D	given in	Part I.	24e. WAS A PERFC 1 YES	POINS DOING TO THE PROPERTY OF MED?	ro,	Maryl Apprinter Inter Onse  WERE AUTOF AVAILABLE P COMPLETION OF DEATH?
Y PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidsease or condition resulting in death)  Sequentially list condition any, leeding to immecause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAST PART II. Other algnific PART II. Other algnific EXAMINER?  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	diseasea, or heart feliure inal itions, ediate ying lury ST Cant condition TO MEDICAL	b. DUE TO  d. DUE TO	I COR AS A CO (OR AS A CO) (OR AS A CO (OR	The death. Do th	OTHER:	26. PLJ g Home Sc. INJU	Cause ç  ACE OF D	given in	Part I.	24e. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 KI NO	ro,	Maryl Apprinter Onae  Were Auto Were Auto Were Auto Of Death?
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition any, leeding to immecause. Enter UNDERLY CAUSE (Disease or injust interest in that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 SACIDIAN ACCIDENT.	diseasea, or heart feliure inal itions, ediste yilling strang conditions.	b. DUE TO  C. DUE TO  DUE TO	t glused tuse on each one each one each one each one each of the e	the death. Do th line.  CONSEQUENCE O CONSEQUENCE O  CONSEQUENCE O  Thou and the second of the secon	OTHER: 4   Numin	26. PLJ g Homes WOF	ACE OF D	given in	Part I.  Part I.  Deck only on  6 Other  28d. DES	24s. WAS A PERFC 1 YES	N AUTOPSY PRIMED?  2 K NO  INJURY OCC	Post,	Maryl Apprinter Oned  Were Auto AVAILABLE 1 COMPLETION OF DEATH 1 YES:
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidsease or condition resulting in death)  Sequentially list condition and in the sequentially list condition from the sequentially list conditions. Sequentially list conditions are sequentially list conditions. Cause for the sequential	diseasea, or heart feliure inal inal itions, ediste fliste fliste fliste in the inal inal inal inal inal inal inal inal	b. DUE TO  C. DUE TO  DUE TO	(OR AS A COOR OF INJURY — etc. (Specify	the death. Do the death. Do the line.  LONSEQUENCE O CONSEQUENCE O  CONSEQUENCE O  Thousand the line of the line o	OTHER: 4   Nursin E OF   26 URY M   atreet, factory	26. PLJ 26. PLJ 27. p. dota a	CaUse ( ACE OF D)  S □ Re  BRY AT  ES 2 □	given in  EATH (Che eldence	Part I.  Part I.  Color of the Cauchy of the	24e. WAS A PERFC 1 YES  (Specify) CRIBE HOW  ATION (Street or Town, State	NAUTOPSY PRIMED? 2 M NO INJURY OCCI	24b.  URED  Or Rural R	Maryl Appr Inter Onse
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidsease or condition resulting in death)  Sequentially list condition and in the sequentially list condition from the sequentially list conditions. Sequentially list conditions are sequentially list conditions. Cause for the sequential	diseasea, or heart feliure inal	A. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DONE CONTributing to  PARTIES OF THE DESIGN OF A BATE OF (Month, D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A COOR OF INJURY — etc. (Specify	the death. Do the death. Do the line.  LONSEQUENCE O CONSEQUENCE O  CONSEQUENCE O  Thousand the line of the line o	OTHER: 4   Nursin E OF   26 URY M   atreet, factory	26. PLJ 26. PLJ 27. g Home WOR 1   You	ACE OF D	given in  EATH (Che eldence	Part I.  Part I.  Other  28d. DES  to the caustime, data	24e. WAS A PERFC 1 YES  (Specify) CRIBE HOW  ATION (Street or Town, State	N AUTOPSY PRIMED? 2 M NO INJURY OCC	24b.  24b.  URED  or Rural R	Maryl Appn Inten Onse  WERE AUTO AVAILABLE F COMPLETION OF DEATH?  1 YES:
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition if any, leeding to immeause. Enter UNDERIX CAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Accident 3 Suicide 6 Accident 3 Suicide 6 Check only one) 2 MEDIA	diseasea, or heart feliure inal	A. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DONE CONTributing to  PARTIES OF THE DESIGN OF A BATE OF (Month, D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A COOR OF INJURY — etc. (Specify	the death. Do the death. Do the line.  LONSEQUENCE O CONSEQUENCE O  CONSEQUENCE O  Thousand the line of the line o	OTHER: 4   Nursin E OF   26 URY M   atreet, factory	26. PLJ 26. PLJ 27. g Home WOR 1   You	ACE OF D	given in  EATH (Che eldence NO NO NO NERVINE	Part I.  Part I.  Other  28d. DES  to the caustime, data	24e. WAS A PERFC 1 YES  (Specify) CRIBE HOW  ATION (Street or Town, State	N AUTOPSY PRIMED? 2 M NO INJURY OCC	24b.  24b.  URED  or Rural R	Maryl Appr Inter Onse  WERE AUTO AVAILABLE F COMPLETION OF DEATH?  1 YES :

Augungung

he ho	fetac	
b A	8	1
THE AME IN THE PARTY BY THE GRATH CENTINCATE DE EXECUTED WITHIN 25 NOUTS After death. Page 6 may be retained by the ho	The state of the attending physician and completely filled in by the funeral director, page 5 should be detact	The copy, of regard and mental hypers prior to believe to reliable. In reliable,
8	90e	-
nay.	ď	-
9 9	ector	-
30	9	1
death. F	funeral	
after	y the	DAG!
MOURS	has been signed by the attending physician and completely filled in by the formal plants of Health and Medial plants price to bring a security of the security	101 10
17	fille	-
WILLIAM	pletel	Sent of
cuted	d con	- with
3	30	2 8
90	Siciar	2
Tincat	the phy	ther
ë	dib di	2 6
death	aften	200
9	the sta	1
mar	d by	780
Sel	Signe	
Led G	neen s	hope
AW.	as b	22
8		1. 5
4	0.5	V
5	1	1
En	1	A
200	60. 5	-50

	1 - STATE REGISTRAR	STATE OF			TMENT			1	ENTAL HYGIEN			26804
		MES T.	9LEXA	Nde	3.				2. DATE OF DEATH MONTH 9/24/91	AY	YEAR 3	9:51 P
	4. SOCIAL SECURITY NUMBER 219 98 9102	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER		IF UNDER 24 HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
OR	90. FACILITY NAME (If not Institution, give  WASHINGTON COUNT  RESIDENCE OF DECEDENT		'AL		TY S	TOWN OR				9c. COUNT		ON CO
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			10c. CIT	Y. TOWN O							
	MD WASHIN	IGTON CO	UNTY		GERS.	rown					1	Od. INSIDE CITY LIMITS?  YES 2 NO
ERA	18701 Roxburg Rd	Doubling	Commont	don 1	Con order		21746			10g. CITIZI	EN OF WH	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  11. Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. AP	MED	13. V	MAS DECEN	IDENT OF	HISPANIC	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No—	Black, \	- American Indian, White, etc.
ED E	15. DECEDENT'S EDU	ICATION	100 00	CEDENTIC	UEUM OF	NO IDITION			no			Black
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of a	WORK done de retired.)	CUPATION luring most	of working		Auto B			:
E COMPL	17. FATHER'S NAME (First, Modile, Last)	LEXAN	100						E (First, Middle, Melden	,	/Do:	- \
0	19e. INFORMANT'S NAME (Type/Print)	6 E A DIV		b. MAILING	ADDRESS	(Street and			RLY ALEXA ute Number, City or Tow		(Bey	()
70	Mrs. Alexander	Moth		115	Elml	ley	Aven		Baltimo	ce, MD	21	213
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) in	noval from State	cemetery, cre			, O	an a	ton	DATE 20c. LO	CATION - CI	ty or Town	Port of
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ROTTU	13 Waris, 9/30/91	FI	22.1	NAME AND	ADDRESS	OF PACI	uty 5. Allan	14/1.65 1 1 2	e de l'	n R. T
CERTIFICATION	shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO	OR AS A CONSECUTION AS	DUENCE OF	F):'		-					Intervel Between
	PART II. Other significent condition	d	deeth but not r	esuiting i	n the unc	deriving o	euee alv	en in Pe	art I. 24s, WAS AN	ALITOROV	I am w	
I: MEDICAL									PERFOR	RMED?	Of Oil	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
IAP	25. WAS CASE REFERRED TO MEDICAL					28. PLAC	E OF DEAT	H (Check	( only one)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nursi	:			Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E		26b. TIMI INJ		28c. INJUR WORK	Y AT	2	ed. DESCRIBE HOW I	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE C building,	F INJURY — At horetc. (Specify)	me, farm, a	freet, fecto			-	8f. LOCATION (Street and City or Town, State)	and Number or	Rural Rout	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CHECK ONLY ONE) 2 MEDICAL EXAMINE	ICIAN: To the best of	my knowledge, de xamination end/or i	ath occurre	nd at the tin	ne, date en	d place, en	d due to	the cause(s) end mar	nner se stated		nd manner se eteted
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE					-	9c. LICENS					onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type,	Print)	-//-	1/1	73	11000	7	23/	4/
	31. DATE FILED (Month, Day, Year)	la .	R'S SIGNATURE		UAK	(17)	(14	11c.	HAGER	7/0m	٧.	m)
	OCT 0 2 1991	Achia Davis	Iron-Rande	02								

00002 10

Y ...

. . .

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTII	RTMENT (	OF DEA	AND N	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF DEATH	MY Y	3. TIME OF DEATH
	Foster sr. 7						Sept 2	9 10	1911 10:22 Am
	4. SOCIAL SECONITY NUMBER	M 2 DF	GE (In yrs. lest birthday,		AYS HOURS	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	211	Country)
	9e. FACILITY NAME (If not institution, give		6/	9b, CITY, TO	WN OR LOCAT	ION OF DE	5-4-	LAC COUNT	Y OF DEATH
O. R.		orial Hospit	al		altimo			Jac Cooki	T OF DEATH
1	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN			TY, TOWN OR L					
DIRECTOR	Md			3 19 L.	+-				10d. INSIDE CITY
	10e. STREET AND NUMBER			2112	101. ZIP COD	Œ		10g. CITIZE	1 YES 2 NO
FUNERAL	4019 1	he BLA	medTi	7	212	2/2	8	u.	5.A
5	11. MARITAL STATUS  12 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED	13. WAS	DECENDENT	OF HISPANI	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆	YES 2 NO	Specify:		2	Specity: Black
9	15. DECEDENT'S Et (Specify only highest gra	OUCATION de completed)	16a. DECEDENT	S USUAL OCCU work done durin	PATION	la a	16b. KIND OF BU		
E	Elementary/Secondary (6-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ng most of works	ng	h	Lesolan	m BAKery
COMPL	17. FATHERIS NAME (First, Addito, Last)		1.	Sone	V			3	
	Q412 70	7/20			18. MOT	HER'S NAM	ME (First, Middle, Malden	Surname)	2
BE	190. INFORMANT'S NAME (Type/Print)	<del>-</del>	19b. MAILIN	O ADDRESS (St	reet end Numbe	r or Rural R	loute Number, City or Tox	m, State, Zio Ci	ode)
2	Charles Jos	ler	180	8 Lu	doN.	200-	Way Ba	25.1	md212 39
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DATE		N (Name of	7	OATE 20c. LC	CATION - CIT	y or Town, State
5	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	BAL	10.	Came	-	10/8/ 1)	erlls +	Tari ST
	1 7 . D.	Δ.			E AND ADORE	SS OF FAC			
	23. PART i. Enter the disease, o	r complications that can	sed the deeth Do	Loc	ps Fe	men	1 Hone /	304 1	I centil are
	shock, or heart failure iMMEDIATE CAUSE (Finsi	a. List only one cause o	n asch iine.	not enter the	moda or dy	ing, such	as cardisc or resp	iratory arres	intarvai Batween
	disease or condition resulting in death)	Lower (	Sastro-I	intest	inal C	3/ee	d		Onset and Dasth
		DUE TO (OR	AS A CONSEQUENCE	OF):				·	
NO	Sequantially list conditions,		nelming as a consequence		5				
¥.	if any, leading to immediate cause. Enter UNDERLYING	Adult	Respirat	0	istrac	< 5V	ndroma		
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR /	AS A CONSEQUENCE	OFI:					
CERTIFICATION	resulting in death) LAST	a. Cordion)	y opethy:	Secon	daryt	10 76	epsis		
CALO	PART ii. Other significant condition	one contributing to desi	th but not resulting	in the under	lying cause	given in F	Part t. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
	Peripheral Vas	cular Diseas	No.		40	iseas	PERFOI		AMILABLE PRIOR TO COMPLETION OF CAUSE
MED		rdent Diab.	etes Mell	itus					OF DEATH?
AN	Chronic Rel	nod Insuff	iciency						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF O				
Ě	27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b, TII	WE OF 28c	INJURY AT		28d. DESCRIBE HOW	NJURY OCCUR	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er) IN	JURY M 1	WORK?				
	3 Suicide 8 Could not be	28a PLACE OF INC	URY — At home, farm, Specify)	streat, fectory,	office		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
ETE	4 Homicide determined								
COMPLETED	29a. CERTIFIER (Check only one)	SICIAN: To the best of my k	nowledge, death occur	red at the time,	data end place	, and dua t	to the cause(s) end ma	ner es stated.	
8			ation end/or investigati	on, in my opini	on, death occur	red at the ti	lme, data end placa, an	d due to the c	sause(s) and menner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFI	in Tit.	4 D (PG	YHT	29c. LICI	ENSE NUME	BER	29d. DATE S	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	o, Print)		-	1		1~111
	George E. W	ICKS III	M.U. L	luion	Men	OVIA	1 Hosgit	al .	
	31. DATE FILEO (Month, Day, Year)  OCT 0 2 1991	See See See See See See See See See See	IGNATURE Andall						
	001001331	2 and print accessor							

Contract of the Contract of th

	mit		
	t Der		
Ë.	ransi		
SICE	rial-t		
0	e bu		
DO DO	as th		
arte	use a		
0	for		
OSD	perlo		
ne n	deta		-
5	Pe		4-
Deu	pinor		All and
200	5 5		
20	Dage		4
0	tor.		4
añe	direc		-
-	eral		- Francisco
Pan	e fun	- 1	920
Alle	y th	mova	100
3	in I	or re	-
4.7	fillec	OU, (	4
	etely	emati	
2	dmo	I, cre	-
SCUIC	nd c	burla	4650
2	an a	r to	-
210	ysici	prio	-
TIME.	d bi	jene	466
20	endir	H	-
BUD	e att	вта	1
1	y th	N Pu	Ini
9	bed !	E H	2000
חונמ	Sign	Hea	91110
100	been	1. 01	a de
E 19	has	Dep	200
-	icate	State	Tôn m
25	certif	the	-
alu.	this (	with	had
ENDING PRINCIPLY. THE IAW REQUIRES WAS THE GEARING CHURCAIN DE EXECUTED WITHIN 24 HOURS ARE USARI), MAY BE RETAINED BY THE MOSPILLE OF STRENGTHEN DAY.	ther	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	In manufact on them 23 observe and information decreased the manufact aroundment and market as a manufactured
CIND	R: A	b Jel	100

91 26806 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR ALONZO BOYDNER 09 / 30 1991 10:10 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6-12-44 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 X M 2 F DAYS HOURS 214-40-8345 47 VRS MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? PATTERSON PARK AVENUE 21213 U.S.A. 1215 N. 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yee, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +) 10TH DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumerne) NOLIE BOYDNER NANNIE HALL BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 N. PATTERSON PARK AVE./BALTO., NANNIE BOYDNER 1215 MD 2121 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 20e. METNOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) DATE WESTERN STAR CEMETERY CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Z. alun WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each lina. interval Between IMMEDIATE CAUSE (Final **Oneat and Death** disesse or condition ERSIS resulting in death) OUE TO JOR AS A CONSPOUENCE OF a MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING seen Brain CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only o EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence S 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Bural Boute Number, City or Town, State) COMPLETED 8 Could not be HOSPITAL OR ATTEN FUNERAL DIRECTOR: within 72 hours after 4 Nomicide 28 item 29a. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, dash occurred at the time, date end piece, end due to the ceuse(e) end menner ea steted. TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 h 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 30 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tolen

UD De

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND	MENT	AL HYGIEN	E 9	2	6807
	1. DECEOEHT'S NAME (First, Middle, Last)  Bert	Vincent		dford, J		MOI	TE OF OEATH	AV	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY HUMBER 216-12-2435	1 X M 2 □ F 67	in yrs. last birthda) YRS.	MONTHS DAYS		7. DAT	E OF BIRTH ofth, Day, Year)		Countr	ryland
TOR	99. FACILITY HAME (# not institution, give st 216 Rickswood R				or location of onium	DEATH			NTY OF D	
BY FUNERAL DIRECTOR	Maryland Balti			ity, town or loc Timonium						10d. IHSIDE CITY LIMITS? 1 YES 2 NO
NERAL		216 Rickswood Rd. 21093 USA						HAT COUHTRY?		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes, s	CEHDEHT OF HISP pecify Cuban, Maxi S 2 HO Spec	can, Puert	RIN? (Specify Ye o Rican, etc.)	e or Ho—	14. RACE Black Speci	- American Indian, white, etc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/IHDUSTRY									
	10 Deputy Chief Balto. City Fire I  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)								Dept.	
TO BE	19e. INFORMANT'S HAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Bernadette M. Bedford 216 Rickswood Rd., Timonium, Md. 21093										
	1 XBuriel 2 Cremation 3 Remo	val from State cem	etery, crematory or	other placa)					nium	, Md.
	21. SIGHATURE OF FUHERAL SERVICE LICE  Mar  23. PART I. Enter the diseases, or c	tin D. Lawso	Offen	Lemn	non-Mitc Padonia	hell-	Wiedef	eld	n M	d. 21093
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE CONSEQUENCE	ver dis		on as ve	Tues of Teap	actory str	eet,	Approximata Interval Between Onset end Deati
PHISICIAN: MEDICAL C	Drabe R3 ple	contributing to deeth bu	it not resulting	In the underlyli	g ceuse given i	n Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Outpa 26s. DATE OF IHJURY (Month, Day, Year)	28b. TI	ME OF 28c. IH	JURY AT DRK? YES 2 NO	*	er (Specify)	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF IHJURY building, etc. (Special	— At home, farm,	street, factory, offi	ca .	28f. LO	CATION (Street a y or Town, State)	and Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowle I: On the bests of examination	dge, death occur and/or investigat	red at the time, dat ion, in my opinion,	and place, and du death occured at th	e time, de	euse(a) end mar te end placa, an	mer es state	ed, e cause(s)	and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER  AND ADDRESS OF PERSON WHO	nd Lo. M.	λ		29c. LICENSE NL	MBER 409	)	29d, DATE	SIGNEO	(Month, Day, Year)
	Joseph D'Anton 31. DATE-FILED (Month, Day, Year)				Drive,	Tow	son, N	ld. 2	1204	
	OCT 0 2 1991	Julia Davidson	Mandall							

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retailned by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--	--

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			REG. NO.	91	20000
1. DECEDENT'S NAME (First, Middle, Last Ruth Mi	athilda Blo	om	14		2. DATE OF DEATH DAY Sept. 30	) 1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 344-16-8739	1 🗆 M 2 💢 F	5 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 10 1	RTHPLACE (State or Foreign untry) linois	
90. FACILITY NAME (If not institution, give  10316 Malcolm  RESIDENCE OF DECEDENT	Circle, Apt.			CEYSVILLE		9c. COUNTY OF	timore
Maryland Ba	altimore	1.0	cown on Location	ville			10d. INSIDE CITY LIMITS? 1  YES 2 NO
	Circle, Apt.			ZIP CODE 2103(		U	SA
11. MARITAL STATUS  1. Never Merried 2 Merried  3 Wildowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 XNO				IC ORIGIN? (Specify Yee on the Puerto Rican, etc.)	В	ACE — American Indien, leck, White, etc. pecify: White
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	160. DECEDENT'S US (Give kind of work Social Worker/A	k done during mos utired.)	t of working	16b. KIND OF BUSH	Health	
17. FATHER'S NAME (First, Middle, Last) Ejnar Christian	Blom				AE (First, Middle, Meiden S		Curc
Frederick A.		223 T	rehern	e Rd.,	Cute Number, City or Town, Timonium,	Md. 21	1093
20e. METHOD OF DISPOSITION  1 Deurlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	moval from State	place and date of the comment of the	emetery 22. NAME ANI Lemm	O ADDRESS OF FA	Chi	eld	Illinois
23. PART I. Enter the diseases, o ehock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	r complications that cause on e. Liet only one cause on e	I the death. Do not ech line.  Dowl	entar the mod	la of dyling, auci	an cardiac or reapire		Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OVA R DUE TO (OR AS A	CONSEQUENCE OF):	CAM	ICER			
PART II. Other eignificant condition	one contributing to death b	ut not resulting in	tha underlying	cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch	VIII SURVEY		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1   Inpetient 2   ER/Out	26b. TIME (	OF 28c. INJU	JRY AT	6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURE	D
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spe	— At home, farm, atri city)	eet, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Ru	iral Route Number,
one)	YSICIAN: To the best of my know						rse(a) and manner as stated.
0	Turke	urie	nm)	29c. LICENSE NUI	83	P /O	NED (Month, Day, Year)
John Currie, M	.D.	Joh		kins Hos	spital, Balt	imore,	Md.
31. DATE FILED (Month, Day, Year) 007 0 2 1991	32. REGISTRAR'S SIGN						

Pages 1, 2, 3 should

permit.

burial-transit

detached for use as the

2 Ħ

funeral director, page 5 should

death. Page 6 may

once.

notified

pe

must

xaminer

31. DATE FICEO (Month, Day, Year

0

1991

32. REGISTRAR'S SIGNATURE relia Davidson

alla	A th	10E	ca
200	lin t	or re	ned
1	filled	ОП, (	her
AL UN ALIENDING PRINCIPAL TO THE UNITED THE UNITED TO EXCLUSIVE THE TANK TH	IL DIRECTOR: After this certification is the property of the attending physician and completely filled in by the	2 hours after death with the Star Con. The start and Mental Hygiene prior to burial, cremation, or remove	f item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
2	отр	II, CT	eve
200	o pu	prina	affe
2	an a	K to	En
910	ysici	prio	r tra
200	d DL	giene	othe
20	endi	를 꾸	10
neg n	e att	Aenta	uny.
100	by th	nd A	III /
9 0	pau	1	am
t	8	ê	E
5	鼍	j	#
Ş	堤	ij	22
ģ	솅	H	ă
3	ertif	the	0
212	this	With	ked
NG.	(fter	eath	E
END	JR: A	ter d	80
Z	ECIL	rs af	n 2
5	PIR	hou	He
ď	-	O	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH YEAR KE 8:55 AM 9 7. DATE OF BIRTH (Month, Day, Yea 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 64 YRS. DAVE 213283488 md Balt 14-9a. FACILITY NAME (If not TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANOR CAKE ROSSUILLE BAHIMOKE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a, STATE White Marsh 1 - YES 2 NO Maryland
100. STREET AND NUMBER Raltimore 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL P.O. Box 124 21162 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 1 Married Specify: White BY 3 Widowed 4 Olvorced WWII Navy COMPLETED 15 DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only high during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Truck-driver Self-Employed 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Theodore G. Bickel Sr Lillian M. BE Darney 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jane Bickel Box 124 White Marsh Maryland 21162 20c. LOCATION — City or Town, Stata 202 METHOD OF DISPOSITION
1 E Burlai 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 4 Donation 5 Other (Specify) Cemetery Parkwood Raltimore, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7401 Belair Rd. Balto., Md. 21236 Edgas F. Jankitt Tassahn Funeral Home. Inc 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition 0.1 0 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 - Rasidence 8 - Other (Specify) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA 1 YES 2 NO 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Y 29b. SIGNATURE AND TITLE OF CERTIFIER BE 28/9 19 9 2 30. NAME AND ADDRESS OF PERSON PLETED CAUSE OF DEATH (ITEM 27) Gyps, Print, m 154 Imme aus 0

- +1 

pinous

00	after
0	24 hours
60,	within
687	xecuted
X	pe e
4 OF VITAL RECORDS, P.O. BOX 68760,	ACMN. The law requires that the death certificate be executed within 24 hours after
D, D	death
Ö	the
R	that
RECC	requires
_	3W
LA	The
F V	HOME
ō	PERS
VISION	ATTENDING H
ā	8

								0.1	26	810
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND		HYGIEN REG. NO	E	20	010
	1. DECEDENT'S NAME (First, Middle, Last)	Clark	(			2. DATE OF MONTH	DEATH	28	YEAR 3. TI	ME OF DEATH
	220-86-6456	1 🗆 M 2 🕦 F	25 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH by: Year)	166	Country)	E (State or Foreign
TOR	9a. FACILITY NAME (II not institution, give street  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y and Hose	pital	96. CITY, TOWN	to more	MI	> '	9c. COUNT	Y OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY			LTIMOF						INSIDE CITY LIMITS? YES 2 NO
FUNERAL		KI STREET			1. ZIP CODE 21217				S.A.	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	DEENDENT OF HISPAI Decify Cuban, Maxica S 2 X NO Specif	en, Puerto Ric	Specify Yas en, etc.)	or No — 1	0	merican Indian, le, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  168. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
HAMMEL CLARK  ESTELLE THOMPSON  196. INFORMANT'S NAME (Typer/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2013 AND DILLA SKY T. S.T. (DAIL T. I.M.O.D. S. M.D. 0.10)										
2013 N. PULASKI SI./BALIIMURE,								MD 21217		
	1 N Burial 2 Cremation 3 Removided Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	of from State	ARBUTTUS O	MYEM. F	ARK			UTUS		
	> Glades	Vanc		WM.	O. MARCH	F.H.	/110	1 E.	NORT	H AVE.
	23. PART I. Enter the diseases, or con shock, or heert fellure. Lis IMMEDIATE CAUSE (Finel	mplications that cauast only one cause on	ed tha death. Do n	ot enter the mo	ode of dying, auc	h ea cardie	c or respi	ratory arrec		Approximate Interval Between Onset and Death
	disease or condition resulting in death)	Preu m	A CONSEQUENCE OF							3 days
NO	Sequentially list conditions,	AIDS	A CONSEQUENCE OF							0
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE OF				· · · · · · · · · · · · · · · · · · ·			
SERTI	reaulting in death) LAST									
CAL	PART II. Other significant conditions of HIV Demonstrates		but not resulting i	n the underlyin	g cause given in	Pert I. 24	Ia. WAS AN PERFOR		AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
PHYSICIAN: MEDICAL	Personality is	noorder.	NOS			_   '	YES 2	NO NO	OF DE	YES 2 NO
ICIAN		IOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)				
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	E OF 28c, IN.	IURY AT DRK?			NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	ty — Al home, term, s	M 1 🗆	YES 2 NO	28f. LOCATI	ON (Street a	and Number or	Rural Route N	lumber,
ETEC	4 Homicide determined	building, atc. (Sp	ecity)			City or 1	lown, State)			
COMPLETED	(Check only	N: To the beat of my kno								nanner aa stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  MULLOW	UD			29c. LICENSE NUM	MBER		29d, DATE S	GIGNED (Month	191
5	Janet O'Mah	OMPLETED CAUSE OF D			ene st	- ρ	r C f	minda	MI	)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			1 1	we 11	171014	1 1 1 1 1	

Janet O'Mahony, Mb
31. DATE FILED (MONTH, Day, Your) 32. REGISTRAR'S SIGNATURE

OCT 02 1991

DHMH-16 Rev 1/89

01050 13

Charles of the state of the sta

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR	STATE OF MARYI		RTMENT OF		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)	Cross				2. DATE OF DEATH MONTH		3. TIME OF DEATH 7:10 A M			
	4. SOCIAL SECURITY NUMBER 216-58-1384	5. SEX 8. AGE	(In yrs. last birthday,	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9/50	BIRTHPLACE (State or Foreign Country)  Illinois			
TOR	Se. FACILITY NAME (If not institution, give str		r		timere	EATH	9c. COUNTY	altime re			
DIRECTOR	10e. STATE 10b. COUNTY		10	ALTIMO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 2009 BARCLAY	STREET			101. ZIP CODE 21218		2000 1000	U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X ND	If yes,		NIC ORIGIN? (Specify ) an, Puerto Ricen, etc.) lly:	fes or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 T H	ATION completed) College (1-4 or 5+)	(Give kind of work done during most of working				USINESS/INDUS	TRY			
17. FATHER'S NAME (First, Middle, Last)  JEROME CROSS  EARLINE TAYLOR											
TO B	19a. INFORMANT'S NAME (Type/Print)  EARLINE CROSS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1128 KINGSBURY RD/OWINGS MILLS, MD 2										
	20a, METHOD OF DISPOSITION 1 \( \text{M Burlel 2 } \subseteq \text{Cremetton 3 } \subseteq \text{Removal from State} \) 4 \( \text{Donatton 6 } \subseteq \text{Other (Specify)} \)  20b. PLACE ANO DATE OF DISPOSITION (Name of Complete Place of Com										
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	No.	_	C.MARCH		01 E.	NORTH AVE.			
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on	eech line.  A CONSEQUENCE	0		Phlu M		t, Approximeta interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Crastro intestinal bleeding							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE DF OEATH (C						
	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	104 Inpatient 2 ER/OL 28a. DATE DF INJURY (Month, Day, Year)	28b. T	IME OF 28c.	INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm			261. LOCATION (Stree City or Town, Sta	et and Number or ste)	Rural Route Number,			
COMPLET	one)	CIAN: To the best of my kno						cause(a) and manner as stated.			
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	el MD	DEATH (ITEM 27) (7)	rpe, Print)	29c. LICENSE N	UMBER	29d. DATE S	SIGNED (Month, Day, Year)			

32. REGISTRAR'S SIGNATURE

OCT 02 1991

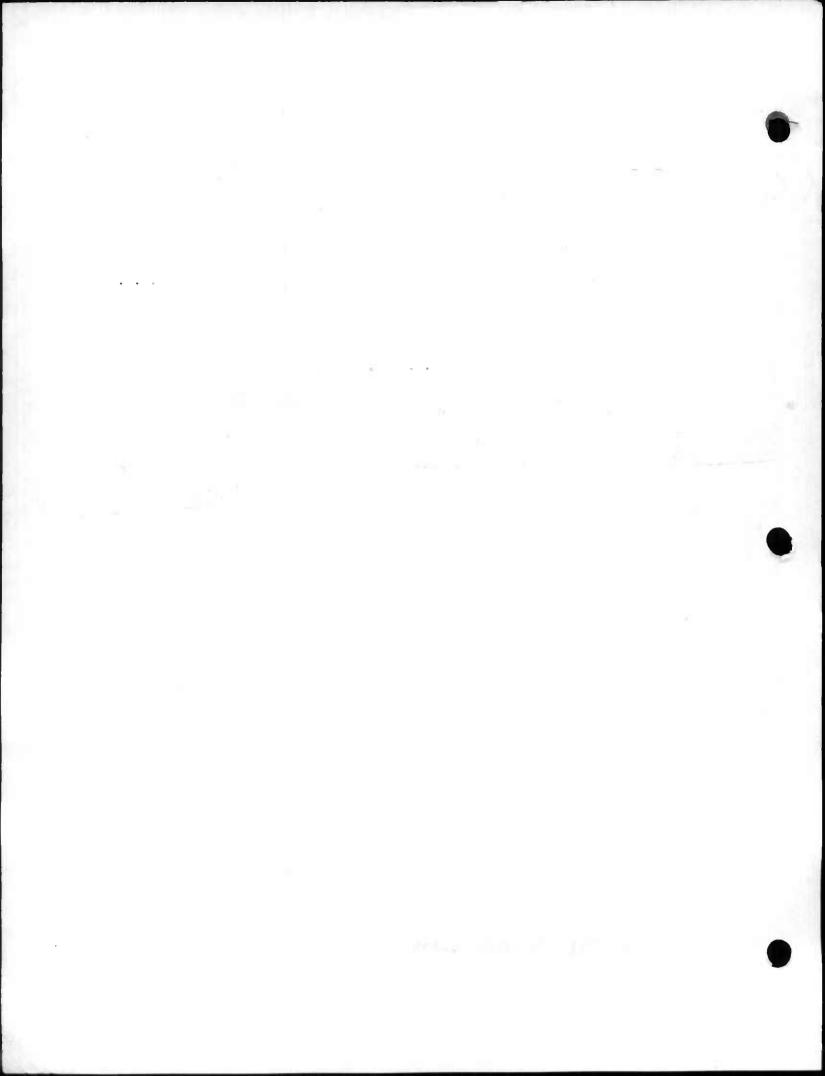
OF E ALTER ST.

2 1991

	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICAT	E OF	DEAT	Н		REG. NO.		3.	TIME OF DEATH
	Bernard Vincent CA								Sept	tember	29 1	991	7:23 PM
	227-54-1874	5. SEX	6. AGE (In yrs. Is	st birthday) YRS.	IF UNDE	DAYS	HOURS	MIN.	(Mont	OF BIFTH h, Day, Year)		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give str		47	1110.	9b. CIT	Y, TOWN C	R LOCATIO			8/44	9c. COUNT	Frede	ricksburg
DIRECTOR	Doctors Community RESIDENCE OF DECEDENT	Hospita	e				1. MD					ce Ge	·
IRE	10a. STATE 10b. COUNTY					OR LOCAT	ION					10d	LIMITS?
1	MD Prince 100. STREET AND NUMBER	ce George	٤	Lar	ham	101	. ZIP CODE				10a CITIZE		YES 2 NO
FUNERAL	4503 Havelock Road	1				1	20706				u.s		COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDEN FORCES?	EVER IN U.S. A	RMED	13,	WAS DEC	ENDENT OF	F HISPANI	C ORIGIN	I? (Specify Yes		4. RACE - /	American Indian,
ВУ	1 Never Married XX Married 3 Widowed 4 Divorced	NO			2 XXO			Rican, atc.)		Black, Wh Specify:	Black		
ED	15. DECEDENT'S EDUC	16a, D	ECEDENT'S	USUAL C	CCUPATIO	DN .		16b	. KIND OF BUS	INESS/INDUS	STRY		
LET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	146	Give kind of e. Do NOT u	work done se retired.)	during mo:	st of working	7					
COMPLET	12	.S. G	ov.	Driv	er			Driver					
10a INFORMANT'S MANE (Fragilist)													
5	Joyce Mae Catlett	4503 Havelock Road Lanham, MD 20706											
	20e METHOD OF DISPOSITION												
	XX Burlist 2 Cremation 3 Removed from State  4 Donetion 8 Other (Specify)  20. PLACE AND DATE OF SIED SONTON (Name of Commence											A	
	A CONTRACT SERVICE LICENSEE					NAME AN	D ADDRESS	S OF FAC	C C	hite S rvice	treet	Fred	ericksbury
	america U	1 Da	eley										VA
	23. PART I. Enter the diseases, or co shock, or heart fallure. L	Ist only one cau	se on each lin	eeth. Do i e.	not ente	r the mo	de of dyln	ng, such	as cerd	flec or respi	ratory arres	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	W	blaster	4:0	11		Di		3			-	Onset and Death
	resulting in death) e	OUE TO	OR AS A COMM	QUENCE O	DUENCE OF:								years
N	Sequentially list conditions,	aci	telo	toron	-1	los	uffer	in					9/wites
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUBERO	ON AS A CONSE	QUENCE 6	n:	4	0						Ment
ERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS ACONSE	QUENCE O	Ma.							-	110111111111111111111111111111111111111
E	resulting in death) LAST												
0	PART II. Other significant conditions	contributing to	death but not	resulting	in the u	nderlylna	Cauca al	unn in E	and I	24a. WAS AN	N COMPANY	T and the	
S				·······································		ncerrying	rause gr	von III r	art I.	PERFOR	MED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
밀									_	1 TYES 2	VMo	OF	YES 2 XXIO
2									_			"	110 1 8,40
N.	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:VA	,		OTHE		ACE OF DE	ATH (Chec	sk only on	e)			
ICIAN: N	EXAMINER?		ER/Outpatient :	28b. TIM	4 🗆 Nu	raing Home	5 🗆 Real						
HYSICIAN: N	VINES 2 NO	1   Inpatient 2	IM ILIDY			28c. INJU WOR	RK?		28d. DES	CRIBE HOW IN	IJURY OCCUI	RED	
Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	INJ	M		ES 2	NO					
B⊀	27. MANNER OF DEATH  Notural 5 Pending Investigation 3 Suicide 8 Could not be	28a. DATE OF (Month, Date 28a. PLACE OF	ry, Year) F INJURY — At h	INJ	М	1 🗌 Y		_	281. LOC	ATION (Street a	nd Number or	Rural Route	Number,
ВУ	27. MANNER OF DEATH  Natural 5 Pending  2 Accident Investigation	28a. DATE OF (Month, Date 28a. PLACE OF	ly, Year)	INJ	М	1 🗌 Y		_	281. LOC.	ATION (Street a or Town, Stafe)	nd Number or	Rural Route	Number,
ВУ	27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	28a. DATE OF (Month, De 28a. PLACE Of building, I	ry, Year)  F INJURY — At heatc. (Specify)  my knowledge, de	ome, lerm,	M street, fac	1  Y tory, office	and place, a	and due to	o the cau	se(a) and man	ner as stated.		
ВУ	27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	28a. DATE OF (Month, De 28a. PLACE Of building, I	ry, Year)  F INJURY — At heatc. (Specify)  my knowledge, de	ome, lerm,	M street, fac	1  Y tory, office	and place, a	and due to	o the cau	se(a) and man	ner as stated.		
	27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	28a. DATE OF (Month, De 28a. PLACE Of building, I	ry, Year)  F INJURY — At heatc. (Specify)  my knowledge, de	ome, lerm,	M street, fac	1  Y tory, office	and place, a	and dua to	City of the cause	se(a) and man	ner as stated.	cause(a) and	manner as stated.

Rd. Liverdale

VA



TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: II

DIRECTOR

FUNERAL

BY

COMPLETED

BE

0

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Last) Supt. PM Bonna Constable 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS MONTHS DAYS HOURS MIN 212-22-2233 1 🗌 M 2 🖫 F 66 YRS. 11/20/24 Balto. Md. 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH Bel Forest Nursing & Rehab.Ctr Forest Hill Harford RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD Harford Bel Air 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2123 Northridge Road 21014 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 X NO 1 Never Merried 2 Married Specify: white 3 Widowed 4 Olvorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) school dietary work 12 vrs. Baltimore Co. Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surname) Donald Englemeyer Bonna Dame 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code)
2123 Northridge Rd. Bel Air, Md. 21014 Mr. Beverly L. Constable 20b. PLACE OF DISPOSITION (Name of comotory, comotory of 9 1 20c. LOCATION — City or Town, State Harford Co 20a, METHOD OF DISPOSITION Buriel 2 Cremation 3 Removal from State Highview Cemetery Fallston, Md. 4 Donetion 5 Other (Specify). 21. SIGNATURE DE-FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FIGUREX E.F/.Lassahn Funeral.H. 11750 Belair Rd 1087 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, **Approximate** ahock, or heart fellure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition DUE TO FOR AS A CONSEQUENCE OF resulting in death) DUE TO (OR ANA CONSEQUENCE OF) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** COMPLETION DF CAUSE 1 OF YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | YES 2 | NO lent 2 - ER/Outpetient 3 - DOA ursing Home 5 Residence 6 Other (Specify) 27 MANNER OF DEATH 26b. TIME OF 28e. DATE OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated.

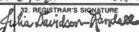
25. Dav DM 29c. LICENSE NUMBER P32275 29d. DATE SIGNED (Month, Day, Year) • 9-25-91

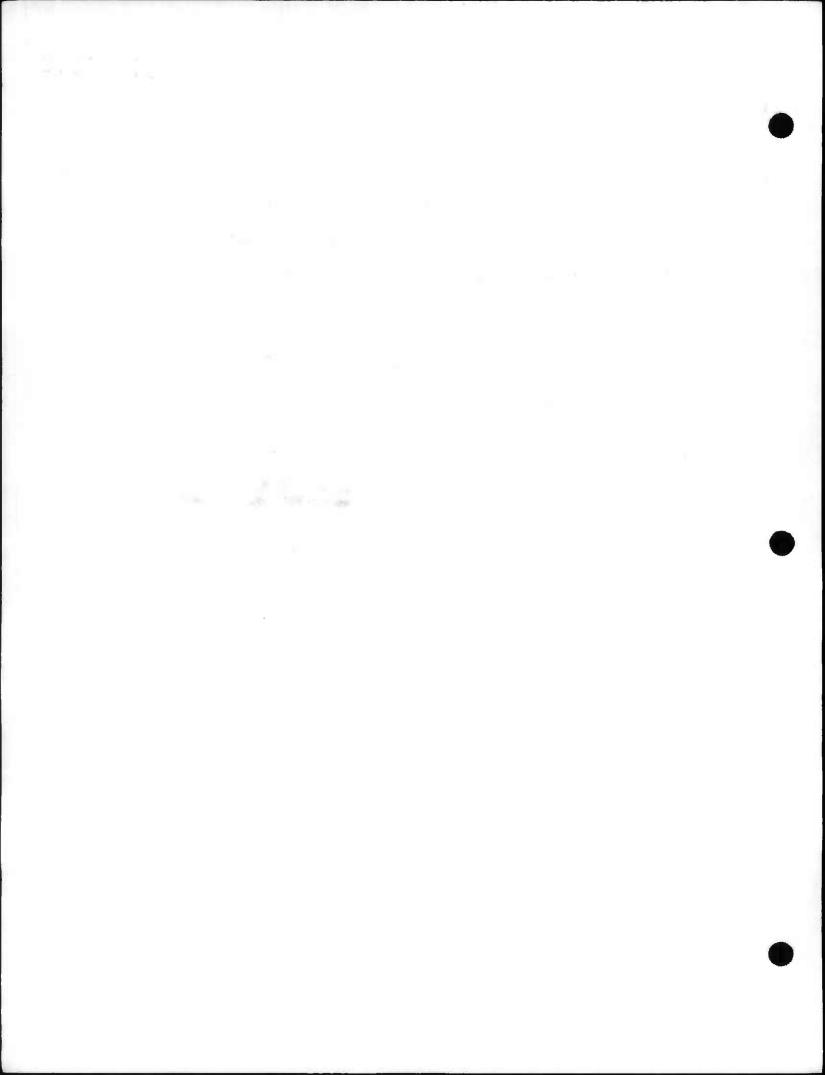
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

113 1 BelAire R DAU. D 5.

31. DATE FILED (Morth, Day, Year)
OCT 0 2 1991

29b. SIGNATURE AND TITLE OF CERTIFIER



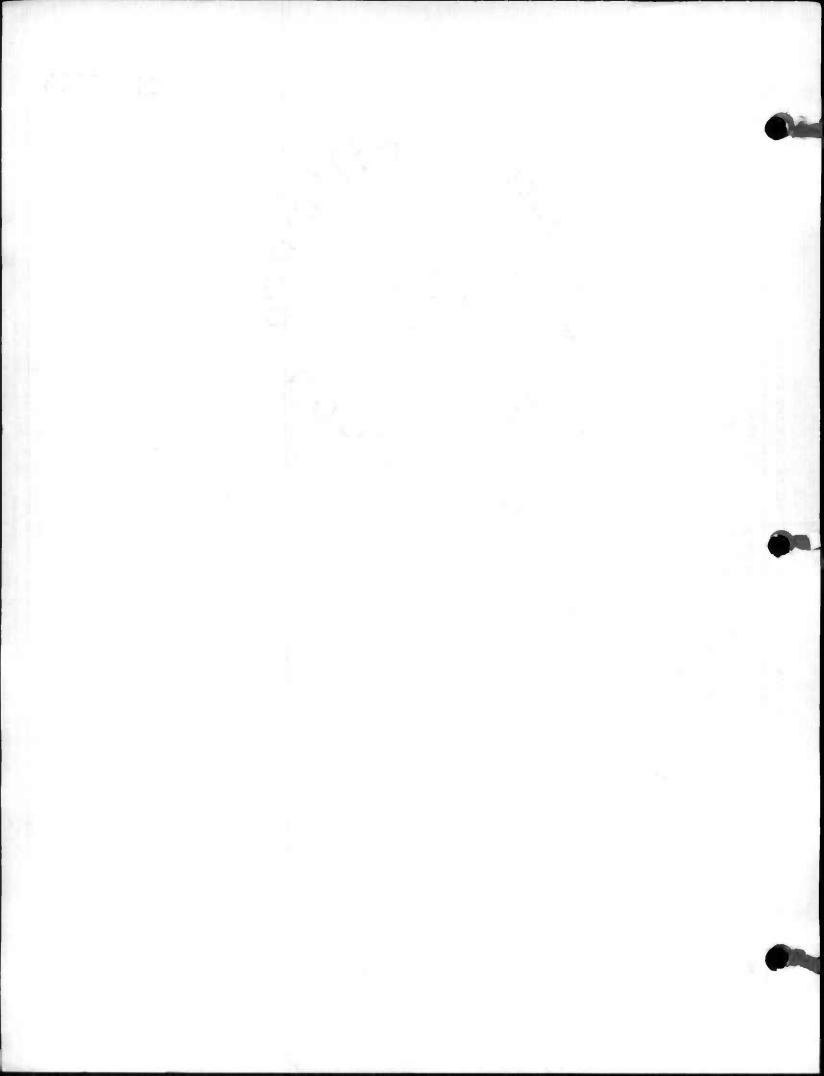


3	2		2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛶 wours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
8	95		9
may	c pa		25
9	ecto		E
Pag	J dir		Je.
death.	funera		examin
the	y the	POVA	Eal
SIT	P.	ren	Be
01.4	lled	9.	E
10	ly fi	atio	£
d withi	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
cute	8	uria	tic
600	п аг	2	E
9	sicia	MOC	F
ficat	E	ne p	Per
certi	ding	200	to
ath	tten	T IE	0
e de	he a	Мел	3
at th	6	Pur	-
s th	Ded	£	9
uire	Sig	Hea	DWG
red	need	0	등
MP!	SEL	Dept	23
N. The	icate !	State	Hem
CIA	ertif	the	6
HYS	iis c	Hit	ed,
16 PI	ter th	ath v	mark
ON	A: A	or de	90
TE	600	afte	28
DR /	SIE	OURS	E
B	ALL	72 h	=
SPI	NER	hin	H
SH 3	E	1 wit	MIA
王	王	filec	5
2	2	8	E

91 26814 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH . 1991 YEAR Sept. 28, Carroll Ethel J. D.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign Apr. 29, DAYS HOURS 220-46-8021 91 1 M 2 X F Penna. 1900 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City DIRECTOR 3711 Gibbons Avenue RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a, STATE Baltimore City Maryland 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21206 United States 3711 Gibbons Avenue 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.}
1 ☐ YES 2 ☒ NO Specify: 1 Never Merried 2 Merried BY White 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra Elementary/Secondery (0-12) College (1-4 or 5+) Homemaker 12 3 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Shaw Elizabeth Johnston Α. Janes BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21206 3711 Gibbons Avenue Baltimore, Md. M. Elizabeth Carroll 20e. METHOD OF DISPOSITION
1 M Burlal 2 Cremetlon 3 Removal from State
4 Donation 5 Disposition 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Greenmount Cemetery 10/2/91 Hammonton, 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Knight Jr. Milton, J 5305 Harford Road LeonardJ. Ruck, Inc. 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ent 2 ER/Outpetient 3 DOA ng Home 5 PResidence 8 - Other (Specify) 28a. DATE OF INJURY 27. MANNER OF OFATH 28h TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide LETED 4 Homicide 1 E/CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPI 2 MEDICAL EXAMINER: On the basic of a ition and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. MEMATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 13645 91 1301 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6012 Harford Road Baltimore, Maryland Dr. Nestor M. Carmona M.D.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)



FOR

TO THE FUNERAL DIRECTOR: After this certificate has been stand controlled within 24 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIMIE UF I	MAKYLAND / DEPA CERTI					ITAL HYGIE! REG. NO		
	1. DECEDENT'S NAME (First, Migdle, Last)	7-1			<b>.</b>		2.1	DATE OF DEATH		EAR 3. TIME OF DEATH
	Thilling	Delv.	Son	_				4-27	7-91	// / M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde)	MONTHS		OURS N	IRS. 7. E	Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	90. FACILITY NAME (If not ingilitation, give str		(C) THS.	Oh CITY	, TOWN OR I	COATION	05 05 474	7-4-	9c. COUNTY	illiams, N.C.
R	2704 HARIE	n Ave.		6	30/7	5	1	Ti	Sc. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			77776	,	C11	7	J	
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	TY, TOWN C	DR LOCATION	4	(			10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER			JHII	imo	P CODE				1 7 YES 2 NO
FUNERAL	2714 HARLO	m Au	e,		101. 21	17/1	_		10g. CITIZER	OF WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. ARMED	13.	WAS DECEN	DENT OF H	ISPANIC O	RIGIN? (Specify Ye	a or No.— 14	. RACE — American Indian,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO		if yes, specif			erto Rican, etc.)	11-54-55-5	Black, White, etc.
ED BY										Black
ETE	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	life Do NOT		CCUPATION during most o	working		16b. KIND OF BL	ISINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	)	,						
COMPL	TT. FATHER'S MAME & FIRST MICKING LINES	1			10	в. МОТНЕЯ	'S NAME (F	Firgt, Middle, Maider	(Surname)	
ш	Cliston	1)elvi	502			VA	101	A -	ones	5
10 B	TOR INFORMANCE WAME (Type/Print)	1	19b. MAILIP	G ADDRES	S (Street and	Number or	Ayral Route	Number, City or Tox	vn, State, Zip Co	ide) (
	1115 Shella IX	Wison	2709	HA	relet	nH	ve.	BALLIZ	nove	mc. 21216
	20e. METHOD OF DISPOSITION  1	val from State	20b. PLACE AND DAT	other place)	SITION (Name	01/	1 /	DATE 20c. L	DCATION - CITY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	GARRISO	W-0	NAME AND	$u_1$	EM FACILIT	14 1 12	H110	. (01 /// 8
	& auch	1 0.	2.1	~	bsep	nh	. K	USS FO	INEN	116 John
	23. PART I. Enter the diseases, or co	omplications the	t caused the death Do	not enter	1022	d dulas	Vor	In AU	CIDAL	10 mod 1216
	anock, for heart failura. L	lst only one cau	ise on each line.	not anter	tha mode	or dying,	auch as	cardiac or resp	piratory arrea	Approximate interval Satween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	N	spiratom	4.7.	1 100					Oliset and Death
	resolding in death)	DUE TO	COR AS A CONSEQUENCE	OF):	110					
Z	Sequentially list conditions,		1							
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE	OF):						
FIC	CAUSE (Disease or Injury thet initiated events	OUE TO	(OR AS A CONSEQUENCE	0F):						
CERTIFICATION	resulting in deeth) LAST	Squaw	vous cell a	arcin	ona	of 1	wa.	beatm,	site	
	PART II. Other significent conditions	•								
CAL		ooning to	don't but not readiting	in the un	idenying c	euse give	III III T-WAT	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDI								1 TYES	2 P NO	OF DEATH?
2										1 - YES 2 MNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEAT	H (Check o	nly one)		
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER 4 Nun		B Reeld	nce 6 🗆	Other (Specify)		
H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY 28b. Ti	ME OF	26c. INJURY WORK	?		. DESCRIBE HOW	INJURY OCCUR	EO
BY	2 Accident Investigation	360 DIACE C	E IAI HUDY AA L	М		2 🗌 N	_			
CD.	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, term atc. (Specify)	, streat, fect	tory, office		26t.	City or Town, State	end Number or	Rural Route Number,
E	29a. CERTIFIER 1 CERTIFYING PHYSIC						_			
COMPLETED			my knowledge, death occu							euse(e) end manner es stated.
	29b. SIGNATURE AND TULE OF CERTIFIER					c. LICENS				
BE	1/33	2			25	LICENS	- AUMBER		DATE SI	IGNEO (Moreth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM 27) (Ty)	oe, Print)	5 6		- 6-			
	CHRISTOPHER 3.		107, MD	32 BA	s. GR	SEN S	2	REET 1201		
	31. DATE FILED (Month, Day, Year)	42 REGISTRA	R'S SIGNATURE							



DHMH-16 Rev 1/89

FUNERAL I

일보 개

223

	5	5	
	0	î	
	-		
	Paries	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	mit		
	Der		
į.	ansit		
sicial	al-tr		
phys	buri		
guil.	the		
ttend	as as		
0 3	I USA		
orta	d b		
Post	ache		9
the state	det		6
6	d b		3
ainec	Pour		fle
ret	5 5		not
å À	page		å
B	tor,		ust
age (	direc		E
	le la		nine
death	fune		ХЗП
пег	the	Oval	10
S	n by	rem	adic
100	led i	9	E
1 24	il A	ation	#
5	piete	rem	ent.
Del	COM	al, c	EV.
Xecu	and	Ā	atic
200	Sian	or to	Bur
Cale	hysic	e pri	17 10
erum	ng p	gien	\$
un c	tendi	J.	6
dea	e at	Aemta	un,
THE THE	by th	Dd A	E
DIG.	led t	tha	any
Diles	Sign	Heal	ME
20	рееп	, of	sho
Idw	as F	Dept	23
PRINCIAN. THE IAM EQUIES VIA THE DEATH CETHICATE DE EXECUTED WITH 24 HOURS ARE DEATH. PAGE 6 may be retained by the hospital or attending physician.	ate h	ate	rrked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
MA.	rtifica	se St	or it
1310	S Cel	th th	d, L
E	ě	W	F

뒁

91-5595-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Vernon N. Francis Sr. 2. DATE OF DEATH 3. TIME OF DEATN YEAR Vernon 09 26 Francis. 7:51 Sr. 1991 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) 7-1-35 1 💢 M 2 🗆 F 56 YRS. NA MD Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2651 Kennedy Avenue Baltimore 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 2651 KENNEDY AVE. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ric 1 ☐ YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: BLACK COMPLETED 15. DECEOENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) lyr. CARPENTRY Md. Institute of Art notified at once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumame) NATHANIEL FRANCIS EVELYN WASHINGTON BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6608 BIRCHWOOD AVE./BALTIMORE, MD 21214 VERNON FRANCIS, JR. pe 20s. METHOD OF DISPOSITION
1X Burlat 2 Cremstlon 3 Removal from State
4 Donesion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION — City or Town, State KMIEN GOMOMOROTIAL PARK RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY -WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. De act enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Final** in the disease or condition Atherosclerate Cardinascular Hypertensive reaulting in death) event. OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 PART ii. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Pulmoner AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED Abstructive 23 shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item . 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 1 XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 26b. TIME OF 26 in marked, 28d. DESCRIBE NOW INJURY OCCURED Nstural 2 Accident 5 Pending investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 9 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 4 Nomicide COMPLET 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner es stated. IMPORTANT: II 2 📉 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Chute MD 29d. DATE SIGNED (Month: Day, Year) 0 C.M.E 09 27 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Davidson-Randoll

12 1991

- W. A.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	ury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	IEALTH DE A	AND I	MENTAL HYGIEN	IE .	1 26817		
	1. DECEOENT'S NAME (First, Middle, Last)			La I I I I I	ICAI	LOI	DLA		REG. NO				
	MARTE				ODI	DD				AY	YEAR 3. TIME OF CEATH		
	4. SOCIAL SECURITY NUMBER	Le AFY			GRU				09	30	91 10:10 PM'		
		5. SEX	6. AGE (In yrs. le:		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Morith, Day, Year)		8. BIRTNPLACE (State or Foreign Country)		
	215 76 2983	1 □ M 2 😾 F	83	YRS.		-	noons	were.	9/23/190	R	Maryland		
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D	EATH		NTY OF GEATH		
E E	NORTH ARUNDEL	ASSOCTA	CIATION GLEN BURNIE						4 4 0011117711				
DIRECTOR	RESIDENCE OF DECEDENT	HODOCIA	TION		GLE	N DU	MILE		A.A. COUNTY				
W.	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY			
ā	Maryland ==	======		Ba	1ti	more					LIMITS?		
7	10e. STREET AND NUMBER			1 20			. ZIP CODI	E		100 CITE	ZEN OF WHAT COUNTRY?		
œ	1609 Ceddox St					212	7.7			S.A.			
FUNERAL	11. MARITAL STATUS	IT EVER IN U.S. AF		T									
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	YES 2 X		13.	If yea, sp	ecify Cube	n, Maxica	NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, atc. Specify: White			
	15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DE	ECEDENT'S	USUAL C	OCCUPATIO	ON		16b. KIND OF BU	SINESS/IND	USTRY		
H	Elementary/Secondary (0-12)	College (1-4 or 5	(G life	ive kind of a	work done se retired.)	during mo	st of workin	ng	Contract States				
급	8th Grade		ropri	ieto	r			Groce	rv St	core			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						10 1407	IEDIO ALA	ME (First, Middle, Maiden				
1 - 1			Reem	or			10. MOT	Anna	_	Sumame)	ame)		
BE	19e. INFORMANT'S NAME (Type/Print)				_								
2			19						Route Number, City or Tow				
	Joan Dyson			231	St.	Pati	rick	Road	d Baltim	ore,	Maryland 21206		
	20e. METNOD OF DISPOSITION  1 X Burlal 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cometery, cre Cedal	AND DATE	of DISPO	SITION (Na	me of				or Town, State ore, Maryland		
	21. SIGNATURE OF FUNDRAL SERVICEU	ICENSÉE /	7				ID ADDRES	SS OF FA		TOTING	re, raryrand		
	10011	10	4.	-		Georg	ge J.	Go	nce Funera	1 Hom	ne P.A.		
$\vdash$	Cuka	WY	YOU K	2							e, Md. 21225		
	23. PART I. Enter the disesses, or	complications tha	t ceused the de	eth. Do r	not ente	r the mo	de of dyl	ng, suc	h ss cardiac or reepi	retory arre	est, Approximate		
	Intervel Be Onset and									Intervel Between Onset and Death			
	resulting in deeth)	e. DUE TO	(QR AS A QONSE	OVENCE OF		1 cc	1 -	+n	Faire &	7			
CERTIFICATION	Sequentially list conditions,	1 Arte	OR AS A CONSE	lerc	74	ic	(a	rde	o Vasce	elle	Discuse		
A	if any, leading to immediate cause. Enter UNDERLYING	502 10	(OH AS A CONSEC	OUENCE OF	F):								
2	CAUSE (Diseese or injury	C	100 10 1 00 10										
Ē	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEC	DUENCE OF	F):								
H		d											
_	PART II. Other eignificent condition	ne contributing to	deeth but not r	resulting	in the u	nderlylna	COURA O	lven In	Part I. 24s. WAS AN	AUTOBOV	Ath WEST AUTODOX STUDIOS		
S	Aspiration ?	/	ria de	. 1/1 .		d 7	1	iven in	PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ō	12kg Line A	1	1 - 1	1000	1		10	10	7 1 TYES 2	L NO	OF OEATH?		
×	Travida S 1	TYOCON	war	TA	30	San C	tru	. /4	84		1 TYES 2 NO		
ä	1 ros the tic	Raght	- Kne	20									
×	25. WAS CASE REFERRED DO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	ock only one)	_			
PHYSICIAN: MEDICAL	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		5 D Pa	eldunos	8 Other (Specify)				
<u></u>	27. MANNER OF DEATH	28a. DATE OF		28b. T/M		28c. INJU		alderice	28d. OESCRIBE NOW II	N JURY OCC	NIDEO		
	1 Natural 5 Pending	(Month, D.	ay, Year)		URY	WO	RK?	1410	200. OLGCRIBE NOW II	NOONT OCC	ONED		
ВУ	2 Accident Investigation	200 BLACE O	E IN HIPV				ES 2 _	NO					
B	3 Suicide 8 Could not be 4 Nomicide determined	building,	F INJURY — At ho atc. (Specify)	me, rem, s	street, fac	tory, offica			28f. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,		
E .													
COMPLETED	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, de	ath occurre	ed at the	time, data	and place.	and dus	to the cause(a) and man	ner en state	ıd.		
MC											cause(s) and menner as stated.		
	196. SIGNATURE AND TITLE OF ENTIRE												
BE	The state of the	7/1/	1 N	7			29c. LICE	NSE NUM	D 5 19	29d, DATE	SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	17-	6/7-	_			L	0	2011	10	-1-71		
	JULIANIE AND ADDRESS OF PERSON WI	THE COMPLETED CALK	A OF DEATH OTER										

PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)
FISHER, M.D./4710 PENNINGTON

Julia Davidson-Kandelle

AVENUE/BALTIMORE, MARYLAND 21226

OCT 02

1991

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PRESIDENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DRECTOR. After this certificate has been signed by the amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit permit. Pages 1, 2, 3 should like within 72 hours after death with the State Dept. or Health and Mental Hydrens prior to burdal, cremation, or namoval.  FIGURANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.					
3	1. DECEDENT'S NAME (First, Middle, Last)	Charles	Con	rge		2. DATE OF OEATH					
	GUS 4. SOCIAL SECURITY, NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	Sept. 30		9 T M IRTHPLACE (State or Foreign			
	216-16-4560	1 XM 2 □ F 7(	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 22	1921	Maryland			
OR	90. FACILITY NAME (If not institution, give street  7 Lincoln Street RESIDENCE OF DECEDENT	et and number)			onium	ATH	9c. COUNTY OF GEATH Baltimore				
DIRECTOR	10e. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10o. STREET AND NUMBER 7 Lincoln Street			10f.	ZIP CODE 21093		OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS  12. WAS OECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN  FORCES? 1 YES 2 XN  IF YES, GIVE WAR OR DATES			If yes, spe		HC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14. [	RACE — American Indian, Black, White, atc. Specify: White			
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	SUAL OCCUPATIO	N t of working	16b. KIND OF BUS	SINESS/INDUST	TY .			
COMPLETED	Elementary/Secondary (0-12)	(Give kind of work done during most of working life. Do NOT use retired.)  College (1-4 or 5+)  2  (Give kind of work done during most of working life. Do NOT use retired.)  Self-Employed					ng Engi	neer			
ဂ္ဂ် ဂြ	17. FATHER'S NAME (First, Middle, Last)			1-2		ME (First, Middle, Meiden	Surname)				
BE	Manes Charles C	eorge				ia Trefile					
2	Bebe George, Esc	,				imonium,					
	20a. METHOO OF DISPOSITION		Ob. PLACE AND DATE			-	CATION — City				
	1 Burlel 2 Cremation 3 Remov	al from State	Metro Cr	r other place)			onsville				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul T. Lochstampfor Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd., Timonium, Md. 21093										
	23. PART i. Enter the diseases, or co	mplications that caus	edithe death. Do no	t enter the mod	de of dying, suc	h aa cardisc or resp	iratory srreat,	Approximate			
CERTIFICATION	shock, or haert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Meta DUE TO (OR AS Cental DUE TO (OR AS Bom	A CONSEQUENCE OF	us I)	Ca Len m	ncer		interval Between Oneet and Death Zxus			
	resulting in deeth) LAST  d.  PART II. Other aignificant conditions	contributing to deeth	but not resulting in	the undariying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
: MEDICAL	Obstrus	hu 1	ng d	isease		PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)					
Sic		HOSPITAL: 1   Inpatient 2   ER/O		OTHER: 4 - Nursing Hom	5 Hesidence	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURE	:D			
BY	1 Natural 5 Pending 2 Accident Investigation	an Blace of Blace	***		res 2 No	201 1 0 0 1 7 0 1 1 0 1 1 1		No. of Manhamatan			
ETED.	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	and Number or h	Bural Route Number,							
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER							use(a) and manner as stated.			
	295. SIGNAPURE AND TITLE OF CERTIFIER	, ,			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
O BE	1/h//s	mler	Ann.		159	41	13491				
5	30. NAME AND ADDRESS OF PERSON WHO Phil Buscher, N			Print) Memw	( H.	nil1					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	, , , , , ,		1111					
	OCT 0 2 1001	Stylia Davidson	A. Hendelle								

armite Pages 1, 2, 3 should

	ı
	7
-	
$\tilde{g}$	
$\sim$	1
$\infty$	
9	
, P.O. BOX 68760	
$\cong$	
U	•
$\mathbf{m}$	
	3
0	ı
ш,	1
-	
9)	
	1
$\mathbf{x}$	** **
L RECORDS	
$\tilde{}$	
9	
ш	
D.C.	
_3	
d	ľ
	i
-	
>	
	i
	1
	1
N OF VITAL	
5	-
9	i
7	i
-	
>	1
DIVISION	
_	
	4

1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			. TIME OF DEATH
DORIS	GIBSON					MONT	9	7	YEAR	255
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birt	thday) IF UNDE		UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPI Country)	ACE (State or Foreign
214-20-3502	1 M 2-17F	19	AS.		133	1 8	-8-1	2		MD.
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CIT	Y, TOWN OR L	OCATION OF D	EATH		9c. COUN	TY OF DEA	ти
UNION MEMORIAL	HOSPITAL		BA	LTIMOF	E CITY	7				
10a. STATE 10b. COUNT	1	10	c. CITY, TOWN	OR LOCATION			-		1	Od. INSIDE CITY
MD			130	aLto					1	YES 2 NO
100. STREET AND NUMBER	Al.	0.		10f. ZIF	CODE	O.		10g. CITIZ	EN OF WH	AT COUNTRY?
11. MARITAL STATUS	HLar	nead		-	212	18			U	SH
1 Never Merried 2 Married		YES 2 NO		If yes, specify	ENT OF HISPA Cuban, Maxico	an, Puerto F	? (Specify Ye	n or No-	14. RACE - Black, 1	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1   YES 2	MO Specif	fy:			Specify:	White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECED	ENT'S USUAL O	CCUPATION		16b.	KIND OF BU	SINESS/INDU	JSTRY	
Siementary Secondary (0-12)	College (1-4 or 5 +)	life. Do i	NOT use retired.)	1 1	working					
(12)			D154	ble						
17. FATHER'S NAME (First, Middle, Last)				18	MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type(Print)		40. 11			UF					
Composion	M Agi	M.C. 190. MA	AILING ADDRES	(Street and h	Umber or Rural	Route Numb	ver, City of Ton	m, State, Zip		h /
20a. METHOD OF DISPOSITION		20b. PLACE AND	DATEOEDISPOS	SITION Warms		ra		-	.12	
1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cremato		PP	Donne	DATI	200.10	CATION - C	or lown	, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER - A	T Y	CTIV		ovice r	000	100	CUN	VILLE	1
	CHOCE		22.	NAME AND A	DDRESS OF FA	ACILITY .		1	34 C	
· lla Al	La A	al	22.	NAME AND A	DDRESS OF FA	ICILITY	=   1	639	N	9
23. PART I, Entar the disagrees, or o	17 Au	all death	1	- Dexx	mill	er #	=   H	18 BF	None	lway
23. PART I. Enter the disagres, or o shock, or heart fallure.	complications that of	eused tha deeth. on each lina.	1	- Dexx	mill	er #	led Dr raep	639 Bf	None	Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition	complications that of	on each iina.	Do not entar	the moda	Mill of dying, suc	ch ae cerd	led or raep	1639 186 Iratory arre	PORCE 101,	Approximete interval Between
IMMEDIATE CAUSE (Final	complications that collisions on a cause Awte	on each iina.	Do not entar	the moda	Mill of dying, suc	ch ae cerd	led or raep	1639 186 Iratory arre	N 2000	Approximete interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that collisions on a cause Awte	Mysto	Do not entar	the moda	Mill of dying, suc	ch ae cerd	lled or raep	Br	Noac	Approximete interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate	complications that collisions on a cause  Aute  Due to (pi	Mysto	Do not entar	the moda	Mill of dying, suc	ch ae cerd	led or raep	BA BA	Poace	Approximete Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OI	A AS A CONSEQUEN	Do not entar	the moda	Mill of dying, suc	ch ae cerd	led or raep	BA Isatory srre	Neore	Approximete Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OI	A AS A CONSEQUEN	Do not entar	the moda	Mill of dying, suc	ch ae cerd	lled or raep	1639 PSA Iratory arre	Neoac	Approximete Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSEQUEN	Do not enter  Adal  ICE OF):  ICE OF):	the moda of	Mill of dying, such an attom	ch the cerd	lled or raep	1639 Bot Iratory arre	Neore	Approximete Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSEQUEN	Do not enter  Adal  ICE OF):  ICE OF):	the moda of	Mill of dying, such an attom	ch the cerd	24a. WAS AN	AUTOPSY	24b. W	Approximate Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset Interval Betwoonset Interval Betwoonset Interval Betwoonset Interval Betwo
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSEQUEN	Do not enter  Adal  ICE OF):  ICE OF):	the moda of	Mill of dying, such an attom	ch the cerd		AUTOPSY MED?	24b. W	Approximate interval Betwoen and Did not a
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSEQUEN	Do not enter  Adal  ICE OF):  ICE OF):	the moda of	Mill of dying, such an attom	ch the cerd	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W	Approximate interval Betwo Onset and Da Onse
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSEQUEN	Do not enter  Adal  ICE OF):  ICE OF):	the moda of	Mill of dying, such an attom	ch the cerd	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W	Approximate Interval Betwoonset and Discourse and Discours
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition for the condition of the cause of	DUE TO (OI	AS A CONSEQUENT AS A CONSEQUEN	Do not entar  Adal  ICE OF):  ICE OF):  ICE OF):	the moda of the mo	Mill of dying, such an attom	ch se cerd	24a. WAS AN PERFOR 1 UYES 2	AUTOPSY MED?	24b. W	Approximate Interval Betwoonset and Discourse and Discours
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  AUDIC LEVAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	Do not entar  Addl  ICE OF):  ICE OF):  ICE OF):  OA   OTHER	the moda of the mo	of dying, such that the such t	Part I.	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY IMED? NO	24b. W M CC D	Approximate Interval Betwoonset and Discourse and Discours
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  FIGURE 1. Other significent condition with the condition of the condit	DUE TO (OI	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AND A CONSEQUENCE  AND A CONSEQUENC	Do not entar  Adal  ICE OF):  ICE OF):  ICE OF):	the moda of the mo	of dying, such that the such t	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED? NO	24b. W M CC D	Approximate Interval Betwoonset and Date of Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  Fig. 1 Ves. 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	Do not entar  Adal  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  INDUM  OTHER INJURY  M	the moda of the mo	of dying, such that the such t	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. W M CC D 1	Approximate interval Betwoonset and Date of the interval Betwoonset and Date of the interval Betwoonset of the interval Betwoonse
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  AUTHORITY III. Other significent condition in the condition of the con	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	Do not entar  Adal  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  INDUM  OTHER INJURY  M	the moda of the mo	of dying, such that the such t	Part I.  Peck only one  8  Other  28d. DES	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY IMEO? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. W M CC D 1	Approximete interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  ATTILL CONTROL OF THE CONDITION OF THE CAMBRER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	DO not enter  Adal  ICE OF):  ICE OF	the moda of the mo	of dying, such that the such t	Part I.  Beck only one  Bother  28d. DES:	24a. WAS AN PERFOR	AUTOPSY IMED?  VNO  NJURY OCCU	24b. W AM C D I	Approximete interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  The condition of th	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	DO not enter  Adal  ICE OF):  ICE OF	the moda of the mo	of dying, such that the such t	Part I.  Part I.  28d. DES:	24a. WAS AN PERFOR	AUTOPSY IMED?  CNO  NJURY OCCU	24b. W AN CODE 1	Approximate interval Betwoonset and Disconsisted and Disc
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  The condition of th	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	DO not enter  Adal  ICE OF):  ICE OF	the moda of the mo	of dying, such that the dying is a such that t	Part I.  Peck only one  8 Other  28d. DES  to the cause time, data	24a. WAS AN PERFOR	AUTOPSY IMED?  CNO  NJURY OCCU  and Number of where as stated  d due to the	24b. W AN COUNTY OF THE PROPERTY PROPER	Approximate Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset Interval Betwoonse
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  AUTHORITY III. Other significent condition in the condition of the con	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	DO not enter  Adal  ICE OF):  ICE OF	the moda of the mo	of dying, such that the such t	Part I.  Peck only one  8 Other  28d. DES  to the cause time, data	24a. WAS AN PERFOR	AUTOPSY IMED?  CNO  NJURY OCCU  and Number of where as stated  d due to the	24b. W AN COUNTY OF THE PROPERTY PROPER	Approximate interval Setw Onset and Date interval Setw Onset and Date interval Setw Onset and Date interval Setwork Onset and Date interval Setwork Onsetwork
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  AUTHORITY III. Other significent condition in the condition of the con	DUE TO (OI  DUE TO	AS A CONSEQUENT AS A CONSEQUEN	Do not enter  Add  ICE OF):  ICE OF)	the moda of the mo	of dying, such that the dying is a such that t	Part I.  Peck only one  8 Other  28d. DES  to the cause time, data	24a. WAS AN PERFOR	AUTOPSY IMED?  CNO  NJURY OCCU  and Number of where as stated  d due to the	24b. W AN COUNTY OF THE PROPERTY PROPER	Approximate Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset and Date Interval Betwoonset Interval Betwoonse

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAN		OL	ITTH I	CAIL	/I DL	PATER		REG. NO.					
200	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF MONTH	DEATH DAY	9	YEAR 3.	1956 M		
15	27 A	SEX 8. A	GE (In yrs. lest )		IF UNDER 1 YE		DER 24 HRS. S MIN.	7. DATE OF (Month, D	ey, Year)	2//32 0	Country)	ACE (State or Foreign		
~	9a. FACILITY NAME (If not institution, give stree	· · · · · ·			9b. CITY, TOWN OR LOCATION OF OEATH					9c. COUNT	Y OF OEAT	тн		
DIRECTOR	LOCH RAVEN VE	1. HUSP.			BALTIMORE									
HE	10e. STATE 10b. COUNTY			10c. CITY,	TY, TOWN OR LOCATION							Dd. INSIDE CITY LIMITS?		
רט	MD 10s. STREET AND NUMBER						ALTIMORE T101, ZIP CODE					1 Å YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1315 E. EAGER	21205					U.S.A.							
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	ER IN U.S. ARM ES <b>D. AN</b> R DATES	ED	If ye	s, specify, C		an, Puarto Rican, etc.) Bis			Black, V	American Indian, Vhite, atc. BLACK			
3	15. DECEDENT'S EDUCAT (Specify only highest grade col	EDENT'S U	SUAL OCCU	PATION a most of w	orking	16b. KI	ND OF BUS	INESS/INDU	STRY					
COMPLEIEU	Elementary/Secondary (0-12)	Do NOT use												
S	17. FATHER'S NAME (First, Middle, Last)		<del></del>	18. M	OTHER'S NA	ME (First, Mide	fle, Maiden	Surname)						
BE	TIMOTHY HALL					HAW								
0	SHIRLEY WILSON					BALT				205				
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	GARR	SON						c. LOCATION — City or Town, State OWINGS MILLS, MD					
	21, SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1		22. NAN	E AND ADD	RESS OF FA	CILITY	-					
Leria.	Gladus	Wan			I wm	. С. М	ARCH	F.H.	/110	1 E.	NOR	RTH AVE.		
	23. PART I. Enter the diseases, or cor shock, or heert fellura. Lis IMMEDIATE CAUSE (Finel disease or condition			ith. Do no	antar the	mode of	dying, suc	h as cardia	c or reapi	ratDry arre	et,	Approximata Interval Between Oneet and Death		
	resulting in death)	DUE TO JOR	AS A CONSEQ	UENCE OF	orp.							le. b. van		
RIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSECU	UENCE OF	7C(S)							UNKHWY		
3	cause. Enter UNDERLYING CAUSE (Disease or injury	rovial	Hyp	evt	teusian									
EKIL	that initiated events resulting in death) LAST	Alcoho	LE C	JAY	Vaosis							i v		
AL CE	PART ii. Other aignificent conditions	contributing to dee	th but not re	auiting ir	the under	fying cau	e given in	Pert i. 2	Ia. WAS AN			VERE AUTOPSY FINDINGS		
MEDICAL								_   '	☐ YES 2		0	OMPLETION OF CAUSE OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL					8. PLACE C	E DEATH /C/	neck only one)				•		
SIC	EXAMINER?	HOSPITAL:	Outpatient 3		OTHER:			8 Other (	Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH  Netural 5 Pending Investigation	28e. DATE OF INJU	IRY	28b. TIME	OF 28	: INJURY A WORK?	r	_		NJURY OCC	URED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, atc.	IURY — At hon (Specify)	ne, ferm, el	reet, factory,	olfice		28f, LOCAT City or	ION (Street a Town, Stete)	and Number o	or Rural Rou	ule Number,		
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C											and menner ea stated.		
<b>B</b>	296. SIGNATURE AND TIME OF CERTIFIER	Vo-jon	170				LICENSE NU				- /	Aonth, Day Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE O	F OEATH (ITEM	27) (Type,	Print) / 7	C	SMA	nst.	R	a How	non	e Mh		
	31. DAG (LEP (M) (120-11991	A ROPARINGS	ugy/anda			3,			400	47,000		-10.10		

91-5680-510 for 1 - STATE REGISTRAR

	,
(68760,	
$\sim$	
9	
Po-	
1.00	
$\infty$	
10	
w.	
BOX	
$\mathbf{c}$	
-	
m	
-	
-	
0	
~	
-	
п.	
_	
90	
10	
40	
$\circ$	
~	
RECORDS,	
$\mathbf{\circ}$	
1	
U	
ш.	
000	
ш.	
_	
-	
-	
-	
-	
OF V	
ш.	
_	
-	
-	
4	
-	
IVISION	
4.0	
CO	
-	
-	
-	

1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEA	TN		3. TIME OF DEATN
Carroll	S.		Ho11	and			0.9	энтн Э 3	0 1	9 9 1	10:16 F
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	PAYE	IF UNDER 24 H	RS. 7. D/	TE OF BIRT	N ari	8. BIRTHI Country	LACE (State or Foreign
220 24 2231	1 XX 2 F	60	YRS.					/26/	31	Md	•
9a. FACILITY NAME (if not institution, give s	street and number)			96. CITY, 1	OWN O	R LOCATION C	F DEATN		9c. COU	NTY OF DE	ATN
Liberty Medica RESIDENCE OF DECEDENT 100. STATE 100. COUNT	al Cente	er		В.	Lti	more					
10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY
			Ba	altim	ore	e					LIMITS?
10a. STREET AND NUMBER					101.	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
1635 N. Fulton						212	17		Ţ	JSA	
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO FNO	If :	yea, spe	city Cuben, Me	SPANIC OR exican, Pue pecify:	IGIN? (Specif rto Rican, etc	fy Yes or No	Bleck	- American Indian, White, atc. Black
15. DECEDENT'S EDU (Specify only highest grade	ICATION COMMISSION	16a. D	ECEDENT'S	USUAL OCC	UPATIO	N	Т	18b. KIND O	F BUSINESS/INC		
Flementary/Secondary (0-12)	College (1-4 or 5 -	+) H		work done du se retired.)		t or working					
17. FATHER'S NAME (First, Middle, Last)			Ja	anito	r			Dep	t. Red	2. &	Parks
									aiden Surname)		
190. INFORMANT'S NAME (Type/Print)			01. MAN 11.0	********	-				lland		
Consuela I. Ho	lland								O . , Mo		1234
20a. METHOD OF DISPOSITION		20h Pi ACE		OF DISPOSIT					c. LOCATION —		
120 Burlai 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	loval from Stata		rematory or o				1 -	/5			Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2		22, N/	ME AND	ADDRESS O	F FACILITY				Mu.
Vames a.	mont	100							& Sons		Md21217
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO  b. DUE TO  c.	hma (or as a conse (or as a conse	EQUENCE OF	<b>ק</b> :							Onset and Dad
J Total Carlot C	d										
PART II. Other algoliticant condition	a contributing to	death but not	resulting i	n the unde	erlying	cause given	in Part I.	PEI			WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 [X YES 2 NO
Z WAS CASS DESCRIPTION TO MEDICAL				OTHER:	28. PLA	CE OF DEATH					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2 X		-	4 🗆 Nursin		5 Realder					
	1 Inpatient 2 X	INJURY	28b, TIM	4 Nursin	Bc. INJU	RY AT	28d. I		OW INJURY OCC	CURED	
EXAMINER?  1 KYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	1 Inpatient 2 X  28e. DATE OF (Month, Da)  28e. PLACE OF	INJURY	26b, TIM	4 Nursin	WOR	RY AT	28d. I	DESCRIBE H	OW INJURY OCC		ule Number,
2 Accident investigation 3 Suicide 6 Could not be datermined	1 □ Inpatient 2 X  28e. DATE OF (Month, Date of Duilding, Date of Duilding, Date of Duilding)	INJURY Ily, Year)  F INJURY — At h alc. (Specify)  my knowledge, d	28b. TIM INJ ome, ferm, s	4 Nursin E OF 20 URY M street, factory	WOR YE	RY AT K? ES 2 NO	28d. I	OCATION (SI	OW INJURY OCC	or Rural Rd	
2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 X  28e. DATE OF (Month, Di  28e. PLACE OI building,  CIAN: To the best of IR: On the basis of ax	INJURY Ily, Year)  F INJURY — At h alc. (Specify)  my knowledge, d	28b. TIM INJ ome, ferm, s	4 Nursin E OF 20 URY M street, factory	Bc. INJUI WOR 1 YE , office	RY AT K? S 2 NO nd place, end ath occured at	28d. I	OCATION (SI	ow injury occ reet and Number State)  I menner as atata, and due to the	or Rural Ro	and manner as stated.
2 Accident investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 X  28e. DATE OF (Month, Di  28e. PLACE OI building,  CIAN: To the best of IR: On the basis of ax	INJURY Ily, Year)  F INJURY — At h alc. (Specify)  my knowledge, d	28b. TIM INJ ome, ferm, s	4 Nursin E OF 20 URY M street, factory	Bc. INJUI WOR 1 YE , office	RY AT K? ES 2 NO	28d. I	OCATION (SI	ow injury occ reet and Number State)  I menner as atata, and due to the	or Rural Ro	and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

26821

> > Approximata Intarval Between Onset and Daath

111 Penn Street, Baltimore Maryland 21201

go is the second north

o ferrifi

	-	
2	옼	
Ē	ē	
8	S	
=	NO	
NOSTINAL OF ALTENDING PRINCIPAL TO BE AN ACTUAL OF ALTENDING OF EXECUTED WITHIN 24 NOUS THE DEATH. Page 6 May be retained	9	within 72 hours after death with the State Deat, of Halth and Mental Hydiene prior to burial, cremation, or removal.
2	39	
T S	-	
0	0	
63	28	
Š	- F	
7	=	
-	2	
att	5	
8	2	
-	2	10
E	1	6
10	5	E
5	=	9
2	777	0
-	9	-
7	4	5
=	>	ati
E	ate	E
E	90	J.
9	E	9
5	00	re
3	P	5
2	an	0
25	-	3
3	100	6
L)	Sic	JE C
9	È	02
Ĕ	0	5
10	5	品
3	6	H
5	9	=
20	att.	100
	43	e
5	₽	2
-	3	2
4	E	a
-	36	臣
ű.	-	B
3	S	T
The same	5	8
	99	3
3	.02	9
1	8	o.
5.	43	936
-	1	13
=	fic	S
2	t	20
2	0	1
É	2	ŧ
1	=	3
9	100	£
-	E	ea
5	and .	0
5	30	e
=	E	at
<	3	90
5	<u>~</u>	N
		×
2	7	N
-	2	13
2	岁	F
2	5	N.
-	-	>

	- STATE REGISTRAR			MAHYLAND	ERTIF					REG. NO			
1.	PHILLIP	st, Middle, Lest)				JAC	KSO	N		2. DATE OF DEATH MONTH	Mg .	YEAR	3. TIME OF DEATH
4.	SOCIAL SECURITY NUM	WBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		9 9 1	12:30 P M
	169-387185	5	1 - M 2 - F	44	YRS.	MONTHS	DAYS	HOURS	MIN.	12/22/46		PHILA	PA.
	a. FACILITY NAME (If not	institution, give						OR LOCATION	ON OF D			NTY OF DEA	
DIRECTOR	BRAMBLE		IE R			ROC	KHA	LL			KE	NT	
JEC 10	O. STATE	10b. COUNT	ſΥ		10c. CIT	Y, TOWN C	OR LOCAT	TION				1	Od. INSIDE CITY
	PA		JCKS		I	EVIT	TOWN	1					LIMITS?
RAL	On. STREET AND NUMBER						101	f. ZIP CODE					AT COUNTRY?
FUNERAL	17 IDLEWII	LD RD.	12. WAS DECEDEN	T EVER IN ILE		140		1905			US		
B 3	Never Married 2		FORCES? 1	YES 2 AAR OR DATES	NO		If yes, sp	ecity Cuba 2 A NO	n, Mexica	NIC ORIGIN? (Specify Yenn, Puerto Ricen, etc.)	s or No—	14. RACE — Black, \ Specify:	- American Indian, White, etc. WHITE
TED		CEDENT'S EDU			DECEDENT'S (Give kind of	work done o	durina mo	ON	1/7	16b. KIND OF BU	SINESS/IND	USTRY	
PLE	Elementary/Secondary	(0-12)	College (1-4 or 5	+) "	ite. Do NOT u	se retired.)			Ψ.	A TITUDO A	CCOCT	* MT ON	Y
COMPLETED	FATHER'S NAME (First,	Middle, Last)		H	PPRAI	.SER		I to MOTH	JED'S NA	AUTO A		ATTON	
ш	HARRY JAC	CKSON								LUZE	Sumame)		
~ []	e. INFORMANT'S NAME				19b. MAILING	ADDRESS	S (Street a			Route Number, City or Tox	vn, State, Zip	Code)	
	LORNA J.		N						EVI	TOWN, PA.	1905	6	
12	e. METHOO OF DISPOSI Buriel 2 Cremati Donation 5 0 Other	tion 3 🗆 Rem	novel from State		E AND DATE			ime of			WTOWN		
	SIGNATURE OF TWEE	* * * * * * * * * * * * * * * * * * * *	CENSEE		71121 0			O ADDRES	SS OF FA			,	
	May .	111	Same	1						RAL HOME	- 10 - 1		2407/
23	3. PART I. Enter the	diseases, or	complications that	it caused the	death. Do r	not anter	tha mo	de of dyl	ALK	RD. BALTI	MOKE,	MU.	21236
iN di	ahock, or i MMEDIATE CAUSE (Fi isease or condition paulting in dasth)	riamit railure.	a. 1	OR AS A CONS	nu. H	45							Interval Between Onset and Death
NO S	equantisily list condi	Itions,	b	100 10 A COND	V	<u></u>							
₹ Cs	sny, lasding to imme	YING	DOE 10	(OR AS A CONS	EQUENCE OF	<b>-)</b> :							
HE CH	AUSE (Disesse or Injust Initistad events		OUE TO	(OR AS A CONSI	EOUENCE OI	F):							1
EH .	sulting in death) LAS	ST	d										
	ART II. Other signific	ant condition	ns contributing to	death but not	resulting	n tha un	deriying	cause g	lven in	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDIC										PERFO	RMED?	AL CO	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
SICIAN:	. WAS CASE REFERRED 1	TO MEDICAL					Co Bu						
SICI	EXAMINER?  1 TYES 2 NO	10	HOSPITAL:	ER/Outpetlant	2 ( DOA	OTHER	<b>1</b> :			ock only one)	DIME	5	
> 1 -	MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	sidence	Other (Specify) A			
A .	Accident	Pending Investigation	9 – 2 8		7	URY	1 🗌 Y	RK?	NO	SUBJECT			
	3 Sulcide 6	Could not be	26e. PLACE OF	FINJURY — At h	ome, ferm, s	treet, fecto	ory, office			281. LOCATION (Street City or Town, State)	and Number		te Number,
H II	4 Homicide	datermined			MARIN	ER				BRAMBLE		INER	
0.	(Check only one)	TIFYINO PHYSI	ICIAN: To the best of	my knowledge, d	leath occurre	d at the tir	me, date	end plece,	end due	to the cause(e) end me	nner as state	rd.	
COM	MEC	A construction of the last		ramination end/or	r inveatigation	n, in my o	pinlon, de	eath occurr	ed at the	time, date end place, er	d due to the	cause(e) e	nd manner ee stated.
₩ <sup>296</sup>	SIGNATURE AND TITL	OF CENTIFIE	244					29c. LICE	NSE NUM	IBER	29d. DATE	SIGNED (M	lonth, Day, Year)
P 20.	NAME AND ADDRESS O	OF PERSON WH	O COMPLETEO CAUS	SE OF OEATH (IT	EN 27) (Time	Christ)		0	C M	E	9	-30-	1991
1	DATE FILED (Month, Day,	TA	ENETT	B'S SIGNATURE			N S'	TREE	ТВ	ALTIMORE	, MAR	YLAN	D 21201
	OCT 0 2	1991											

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

retained by the hospital or attending physician,	5 should be detached for use as the hurial-transit narmit Panes 1.2.3 should	Section 1 and 1 an	notified at once.
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurlan-transit name 1 2 a secular	of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MONTHE HOSPITAL OR ATTENDING PHYSICIAN: The law re	ID THE FUNERAL DIRECTOR: After this certificate has bee	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: It item 28 is marked, or item 23 sh

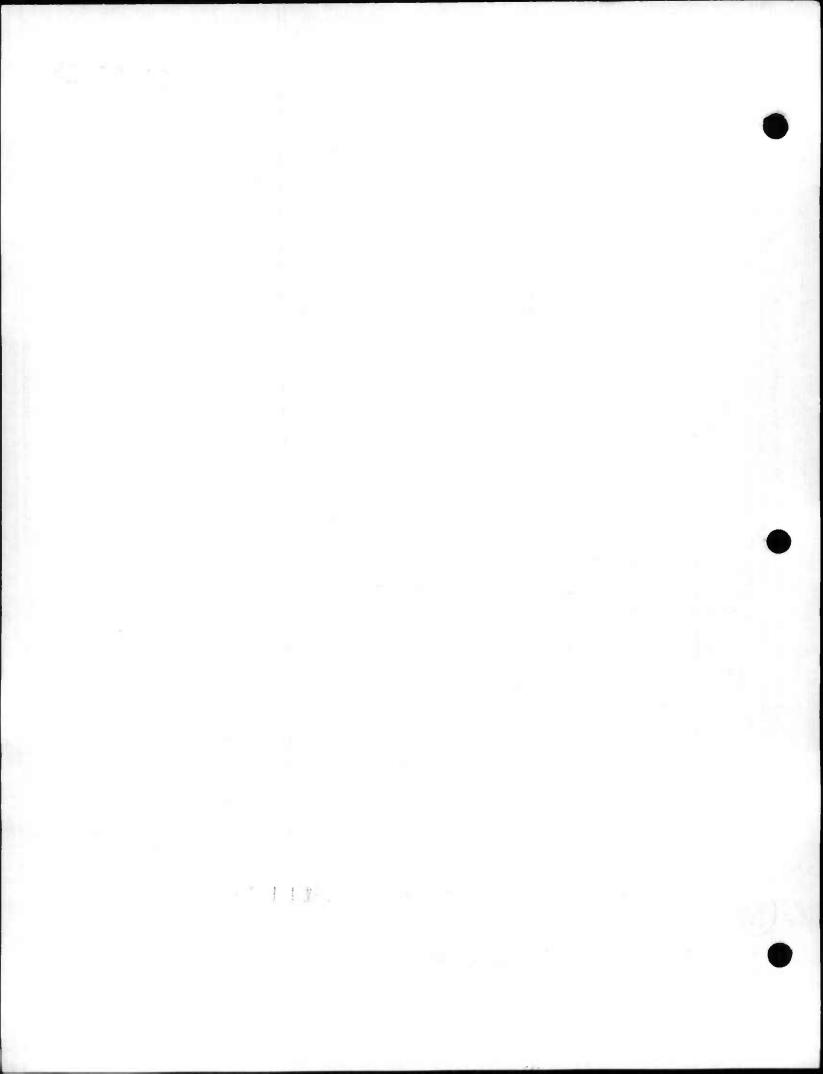
REGISTRAR		CEI	STIEIC	ATE OF	EALTH AND	MENT/					
1. DECEDENT'S NAME (First, Middle	ohnson	- OLI	111110	ALE OF	DEATH	2. DAT	REG. NO	DAY	YEAR 3	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 225 -20-952	5. SEX	6. AGE (In yrs. last b	YRS. MON	THE DAYS	IF UNDER 24 HRS HOURS MIN	7. DATE	OF BIRTH	9	B. BIRTHPL Country)	ACE (State or Foreign	
9a. FACILITY NAME (If not Institution	ned. Ce	rke	9b.	CITY, TOWN O	MOYE	DEATH	ita		TY OF DEA		
	COUNTY		BA	WN OR LOCAT	or e		10d. INSIDE CITY LIMITS? 1 12 TES 2 □ NO				
	450n 5	+		101	ZIP CODE	7		10g. CITIZ		T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merrie 3 Nidowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARME FES 2 NO MAR OR DATES	D	If yes, spe	ENDENT OF HIS city Cuben, Mex 2 AND Spe	ican, Puerto	N? (Specify Ye Rican, atc.)	on or No-	14. RACE - Black, V South:	American Indian, Inita, atc.	
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	S EDUCATION it grade completed)  College (1-4 or 5	(Give	DENT'S USUI kind of work of NOT use reti	AL OCCUPATION In the desired of the	N st of working	16	b. KIND OF BU	JSINESS/INDU	ISTRY	700	
17. FATHER'S NAME (First, Middle, L	churchh	:11 Cak	1		18. MOTHER'S	NAME (First,	Middle, Maidei	Sumame)		<del> </del>	
99. INFORMANT'S NAME (Type/Print)	both bh	150.1	AAILING ADO	RESS (Storyt a	nd Number or Rui	al Route Nun	ber, City or Tox	wn, State, Zie	logo)	1 21212	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 ( 4 Donation 5 Other (Specific	Removal from State	20b. PLACE ANI ceptel ery, crema	DATE OF DIS	POSITION (Iace)	son;	12/0/	E 20c. L	OCATION - C	ity or Town	State Carl	
21. SGMATURE OF FUNERAL SERV	ICE LICENSEE	1001			D ADDRESS OF	FACILITY	155	FUL	Ver	4/ Hom	
23 PARTI. Enter the disease ahock, or heart fa iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Probal	t ceused the deet use on each line.  Read	cura							Approximate interval Between Onset and Deat	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S DUE TO HYS	OR AS A CONSEQUE	MONA INCE OF):	ry A	rrest						
PART II. Other algnificent con	ditione contributing to	death but not rase	ulting in the	underlying	ceusa givan	in Part I.	24a. WAS AN PERFO 1 YES	RMED?	AM CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDI	CAL HOSPITAL:				ACE OF OEATH (	Check only o	70)			J 725 2 P NO	
EXAMINER?	HOSPITAL:	ER/Outpetient 3	Bb. TIME OF	HER: Nursing Home 28c. INJL		1		INJURY OCCU	RED		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	28e. DATE OF	INJURY 2									
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investig 3 Suicide 8 Could in	28e. DATE OF (Month, D. ation ot be 28e. PLACE O building.	ey, Year) F INJURY — At home,		WOF	ES 2 NO	281, LOC	ATION (Street	and Number of	r Rural Route	Number,	
EXAMINER?  1 YES 2 NO  27. MANNYER OF DEATH  1 Netural 5 Pending 2 Accident 3 Suicide 8 Could in determine	28e. DATE OF (Month, D) atton ot be 28e. PLACE O building,	F INJURY — At home, atc. (Specify)	farm, street,	WOF 1 Y	ES 2 NO	City	or Town, State,	)		Number,	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investig 3 Suleide 8 Could in determing  29a. CERTIFIER (Check only 1 CERTIFYING	28e. DATE OF (Month, D) stion  28e. PLACE OF building,  28e. PLACE OF building,  28e. PLACE OF the best of an annual public publishment of the best of an annual publishment of the best of an annual publishment of the best of an annual publishment of the best of an annual publishment of the best of an annual publishment of the best of an annual publishment of the best of an annual publishment of the best of the	F INJURY — At home, atc. (Specify)  my knowledge, death	farm, street,	factory, offica	ES 2 NO	ue to the care time, date	or Town, State,	nner as stated	l. cause(a) an	d manner aa stated.	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident 3 Sulcide 8 Could in determine  29a. CERTIFIER (Check only one) 2 MEDICAL EX  29b. SIGNATURE AND TITLE OF CERTIFIES	28e. DATE OF (Month, D) of be need  28e. PLACE OF building,  PHYSICIAN: To the best of a  AMINER: On the bests of e)	ey, Year)  F INJURY — At home, atc. (Specify)  my knowledge, death camination and/or inve	farm, street,	WOF  1 Y  factory, offica  the time, data a my opinion, de	ES 2 NO	City us to the car ne time, date	or Town, State,	nner as stated	cause(a) an		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investig 2 Accident 3 Could n datarmic  29a. CERTIFIER (Check only one)  2 MEDICAL EX	28e. DATE OF (Month, D) 28e. PLACE Of building, 28e. PLACE Of building, 28e. PLACE Of building, 28e. DATE OF (Month, D) 28e. PLACE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. DATE OF (Month, D) 28e. PLACE OF	ey, Year)  F INJURY — At home, atc. (Specify)  my knowledge, death camination and/or inve	farm, street, occurred at t stigation, in s	WOF  1 Y  factory, offica  the time, data a my opinion, de	es 2 No	City us to the car ne time, date	or Town, State,	nner as stated	cause(a) an	d manner as stated. nth, Day, Year)	

5+1

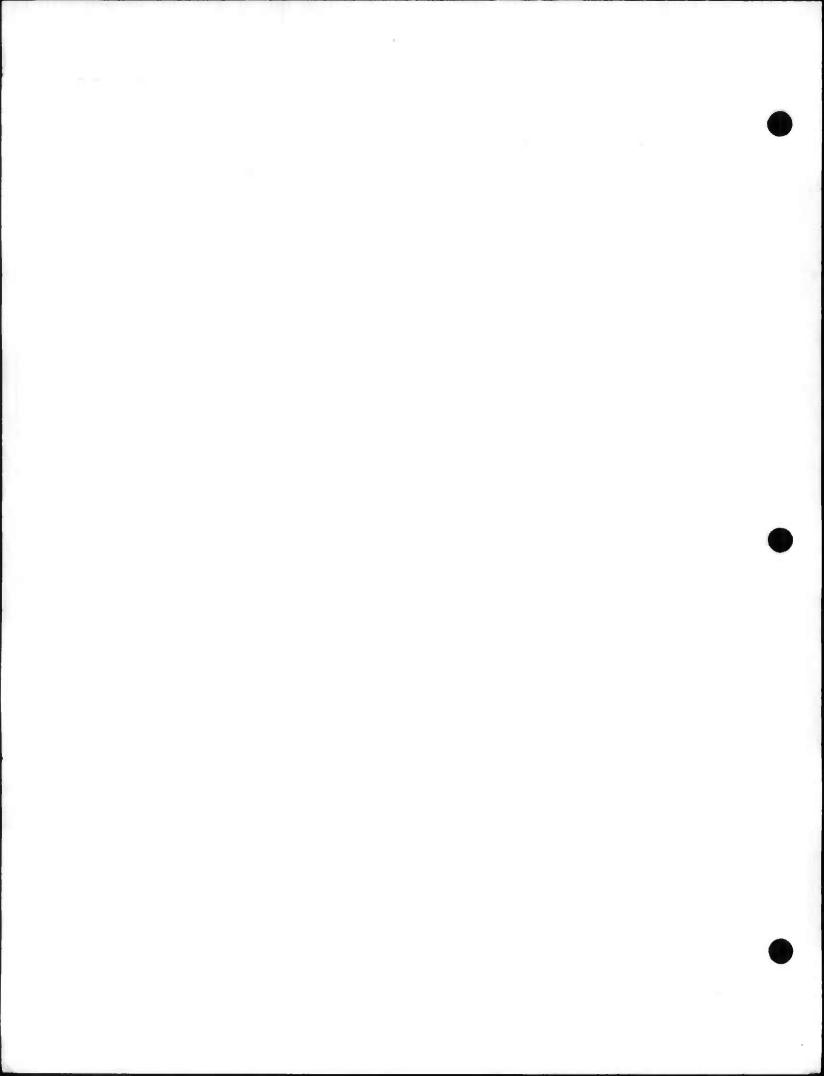
111-11

e hos	grachi		nce.
y th	be d		10 11
IF HISPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		DRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
De la	5 90		9
may	r. Da		stp
9 96	irecto		E
Pa.	iral d		Miner
death	fune	-	ехап
after	by the	тома	Ea
OURS	din	or re	med
24	/ fille	tion,	the
vithin	pleteh	rema	ent,
nted v	com	ial, c	. ev
DOCC	and	o bu	mati
pe ;	ician	rior &	men
ficate	phys	ne p	her
cert	ding	Hygie	10
seath	after	mtal	n, 0
the (	the	d Me	Inju
that	ed by	th an	any
uires	sign	Heal	SMC
w req	peen	f. of	sho
e ia	has	Ded a	п 23
I :N	hcate	State	le
SICIA	certi	the .	1, 0
PHY	this	with	rked
DING	After	death	E H
LEN	TOR:	after	28 1
OR A	SIREC	at within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	E
TAL	ME	2	H
100 D	INER	UNION THE	S
単	世帯	M Di	DRT

	1 - STATE STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN	3. TIME OF DEATH
	George William Kirschenhofer		Sept 27,	1991 7:20a M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)
	216-07-0010 1 XM 2 - F 76 YRS.	MONTHS DAYS HOURS MIN.	Dec 12, 191	4 Balto., Md.
OC.	9a, FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c. (	COUNTY OF DEATH
DIRECTOR	Dulaney Towson Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. CT	Towson,		Baltimore
	Maryland Baltimore	Timonium		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10o. STREET AND NUMBER 2321 Spring Lake Drive	101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21093		USA
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced  FORCES? 1 YES 2 0  IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI It yes, specify Cuban, Maxica 1 YES 2 NO Specifi	NC ORIGIN? (Specify Yas or No in, Puarto Rican, etc.) y:	Black, Whita, atc. Specify:
	15. DECEOENT'S EDUCATION 160. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINESS	White
H	(Specify only highest grade completed)  (Give kind of w  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ork done during most of working	100. KIND OF BUSINESS	ZINDUSTRY
A P	10	raphical Design	er Printin	a
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surnarr	
BE (	Charles Kirschenhofer	Anna	Glas	
10		ADDRESS (Street and Number or Rural		
-	Mrs, Helen D. Kirschenhofer 2321	Spring Lake Dr	. Timonium.	Md 21093
	20a, METHOD OF DISPOSITION  1 ABurial 2 Cremation 3 Ramoval from State	F DISPOSITION (Name of		I — Cify or Town, Stata
	4 Donatton 5 Other (Specify) Dulaney V	alley Mem. Grd	ns. Timon	ium, Md
	Bryan W. Clary	22. NAME AND ADDRESS OF FA Lemmon-Mitch	ell-Wiedefeld	Inc
	Bryan W. Clary	10 W. Padonia		nonium, Md 21093
	23. PART I. Enter the diseases, or complications that caused the deeth. Do neather than the cause of the deeth. Do neather than the cause of each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Stroke		h aa cerdiac or reapiratory	arrest, Approximate interval Between Onset and Daath
_	DUE TO (OR AS A CONSEQUENCE OF			
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate  Leading to immediate  Cerebral arterios  DUE TO (OR AS A CONSEQUENCE OF	clerosis		2 yrs.
18	cause. Enter UNDERLYING	,		
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF	:		
ᇤ	resulting in deeth) LAST			
	PART II. Other significent conditions contributing to deeth but not resulting in			
SP	Congestive heart failure	the underlying cause given in	Part I. 24s. WAS AN AUTOP: PERFORMED?	AVAILABLE PRIOR TO
MEDIC	Cardiomyopathy		1 🗆 YES 2 💢 NO	OF DEATH?
Σ	cararanyopathy		_	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			
PHYSICIAN:	EXAMINER?  HOSPITAL:	28. PLACE OF DEATN (Che		
H	1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA  27. MANNER OF GEATN  28e, DATE OF INJURY  28b, TIME	OF 28c. INJURY AT		
	1 Natural 5 Pending (Month, Day, Year) INJU	RY WORK?  M 1 YES 2 NO	28d. OEŞCRIBE NOW INJURY	OCCUREO
) BY	2 Accident Investigation 3 Suicide 8 Could not be 28a PLACE OF INJURY — At home, farm, at		28f. LOCATION (Street and Nurr	ther or Revel Pouts Number
TED	4 Homicide determined building, etc. (Specify)		City or Town, State)	to the house number.
등	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred	l et the time dete and alone and dur		
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation	. In my opinion, death occured at the	to the cause(a) and manner as	atered,
EC	29b. SIGNATURE AND TITLE OF CENTIFIER	_29c. LICENSE NUM		
0	Mr. It O word u	) Par 1 1	74 1	Sept 30, 1991
5	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)		Sept 30, 1991
		nmeadow Road	at York Rd	Timonium Md
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		Toric itar,	- mornani, wu



	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	EATH	W	YEAR	3. TIME OF DEATH
	CATHERII	NE	E.	LAR	SEN					SEPT	2	_	91	6:45 AH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF B (Month, Day			6. BIRTI	IPLACE (State or Foreign
	212 07 06	508	1 M 2 X F	86	5 YRS.	MONTHS	DAYS	HOURS	MIN.	2/21/		5		ryland
	9e. FACILITY NAME (If not ins							OR LOCAT	ON OF DE	HTA		9c. COU	NTY OF E	EATH
8	Harbor H		1 Center			Ba	1ti	more	(	City		=		===
딥	RESIDENCE OF DEC	10b. COUNTY	,		10c. CI1	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
E	Maryland	Ann	e Arunde	1	R:	altim	ore							LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER				1 1	AT OTH		of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
EB/	209 Churc	h Stre	et					213	225			IJ.	S.A.	
3	11. MARITAL STATUS		12. WAS DECEDEN					CENDENT	OF HISPAN	IIC ORIGIN? (Sp			14. RAC	E — Americen Indian, k, White, etc.
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1					pecify Cub S 2 🔯 NO		n, Puerto Rican /:	, etc.)		Spec	tty:
1														White
COMPLETED	(Specify only	EDENT'S EDUC highest grade	CATION completed)	16	(Give kind of life. Do NOT L	work done	CCUPAT during m	ION post of work	ing	16b, KIN	D OF BUS	SINESS/IN	DUSTRY	
٦	7th Grade	-12)	College (1-4 or 5	+)	House	-				Ц	mo 1	Maker		
N N	17. FATHER'S NAME (First, Mi	Iridia I anti			House	ATIC		16 MO	HER'S NA	ME (First, Middle				-
	the region of the same (1 mod mi		homas R	evnol	ds			10. 110	Loui			norst		
BE	19a, INFORMANT'S NAME (7)		110111010			G ADDRESS	S (Street	end Numbe		Route Number, C				
2	Charles La	rsen						is A						land 21227
	20a. METHOD OF DISPOSITI			20b. PI	ACE OF DISPO							CATION -		
	1 1 Buriel 2 □ Crematio 4 □ Donation 5 □ Other	(Specify)	oval from State		her place) en Have	n Me	mor	ial E	Park		G16	en Ri	ırnie	Maryland
	21. SIGNATURE OF FUNERAL		/		1	22.	NAME /	AND ADDRI	ESS OF FA	CILITY				
	> Jecon	ne ;	Incom.		ales-			_		nce Fun				
	23. PART I. Enter the di	isaases/g/	complications the							Hwy F				21225   Approximata
	ahock, or hi		List Dniy ona ca	use on aach	ine.									Interval Between Onset and Death
	disesse or condition		CONG	ETTIVE	- H15%	NT	=	AILL	NE					2 years
	resulting in death)													
z			a HYPU	れれるい	SIVE	Ans	272	105CL	mo?	ne C	ARD	IOVA	IS D	15.72 years
5	Sequentially list conditi if any, leading to imme	ions, diata	DUE TO	OR AS A CO	ONSEQUENCE (	OF):						PAT	744	1 2
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING Iry					1 EN	104 5	4 Co	NECTAI	IF C	ARD	10 M	46 72 years
뷭	that initiated events resulting in death) LAS	T .			A 77			FIRM	11 ( A	D m/				12 year
띩			d	0701	/ 17	C 1/1 =		1 1 1 3 1 0	1 ( )	176.0				
MEDICAL CERTIFICATION	PART II. Other significa	nt condition	s contributing to	death but	not resulting	in the u	nderiyi	ng cause	given In	Part I. 24s	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20	HYPENI									10	YES 2			COMPLETION OF CAUSE OF DEATN?
ME			J DEPER	rotur	01	ABET	77	MU	2119	v				1   YES 2   NO
ä	CVA.	- 640	ers ago											
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		PLACE OF	DEATH (C	neck only one)				
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2			4 🗆 Nu	rsing Ho		Reeldence	6 Other (Sp				
PH	27. MANNER OF DEATH  1 Netural 6	Pending	26e, DATE O (Month,	F INJURY Day, Year)	28b. Ti	JURY	A	NJURY AT VORK?		28d, DESCRI	BE NOW	INJURY O	CCURED	
BY	2 Accident	Investigation		05 11 11 101		М		YES 2	∐ NO					
	3 Suicide 6 A Homicide	Could not be determined		j, atc. (Specify)	At home, farm	, street, fac	tory, off	lica			own, State		er or Hurei	Route Number,
E	29e, CERTIFIER	-												
APL	(Check only		ICIAN: To the bast of											
COMPLETED	2 MED	HCAL EXAMINE	ER: On the baela of	examination a	nd/or investigs	ion, in my	opinion,	death occ	ured at the	time, date end	l piece, e	nd due to	the cause	(e) and manner as stated.
BE (	294: SIONATURE AND TITLE	OF CRIMINE	. 0						CENSE NU		_			D (Month, Day, Year)
10	We Make	Cu	en	MD			_	42-	244-	16 14-53		7	1/29	/ 7 /
-	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CA	USE OF DEAT	N (ITEM 27) (Ty)	e, Print)	~ ^	Lan	0.40 10	. 0	ion	200		
	31. DATE FILED (Month, Day,	Year)	32. REGISTE	AR'S SIGNAT	URE	MICITY	YL	Me.	1 (1)	ML C	<1416			
	OCT 0 2 1	991	TANGUIC 32. REGISTA	bon-Ren	ndella									
		JU1 1		•										



DIVISION OF VITAL RECORDS, P.O. BOX 68760, (A) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2+ nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	ion, or removal.	her traumatic event, the medical examiner must be notified at once.
THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PLANERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Dey, Year)

OCT 02 1991

BASST ST- JO 32. REGISTRAR'S SIGNATURE Fishia Davidson-Randall

FOR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE	91 26826
1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, L  Floyd M.	Little MR.	MAE FLO	YD LITTLE	REG. NO.  2. DATE OF DEATH MONTH  9 -28 -	YEAR 3. TIME OF DEATH 91 915 Am
4. SOCIAL SECURITY NUMBER  247-48-1050  9a. FACILITY NAME (If not institution, §  511-65-65-65-65-65-65-65-65-65-65-65-65-65-	1 1 2 D F	57 YRS.	FUNDER 1 YEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN. Ob. CITY, TOWN OR LOCATION OF E	1 - 17 - 34  DEATH OF BIRTH (Month, Day, Year)  1 - 17 - 34  DEATH 9c. COL	B. BIRTHPLACE (State or Foreign Country)  S.C.
RESIDENCE OF DECEDEN  10a. STATE  10b. CO	UNTY		TOWN OR LOCATION TIMORE	nes of	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER  5004 ALHAMBE  11. MARRITAL STATUS  1 Never Married 2 XX Married	12. WAS DECEDENT EVER FORCES? 1   YES	8 2 X NO	10f. ZIP CODE  21212  13. WAS DECENDENT OF HISP If yee, specify Cuban, Maxic 1   YES 2   NO Spec	LNIC ORIGIN? (Specify Yes or No—	J. S. A.  14. RACE — American Indian, Black White, atc.
3 Widowed 4 Divorced  15. OECEDENT'S (Specify only highest)  Elementary/Secondary (0-12)  8 T H  17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working retired.)	186. KIND OF BUSINESS/IN	
WALIER L. L.  19a. INFORMANT'S NAME (Type/Print)	ITTLE		MARY	AME (First, Middle, Meiden Surneme) B . CAMPBELL I Route Number, City or Town, State, Z	
MARY D. LIT  20a. METHOD OF DISPOSITION 1 Deurlai 2 Cremetion 3 C 4 Donation 5 Other (Specify)	2	Ob. PLACE AND DATE	ALHAMBRA AVE DEFINISPOSITION (Name CORRETERY		MD 21212 - City or Town, State WNE, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE WOL	nes	WM.C.MARCH	житу F.H./1101 E.	NORTH AVE.
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pre	ed the death. Do no sech line,	ia	ch as cardiac or reapiratory a	rrest, Approximate Interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF)			
PART II. Other significant cond	litions contributing to death	but not reaulting in	tha undarlying cause given i	n Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/O	utpatiant 3 DOA	26. PLACE OF DEATH (COTHER: 4 □ Nursing Home 5 □ Residence	8 Other (Specify)	
2 Accident Investige	28e. PLACE OF INJU	) INJU	M 1 YES 2 NO	281. LOCATION (Street and Numb City or Town, State)	
and)				us to the cause(s) and manner as st he time, data and place, and dus to	tated. the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	ansiw	DEATH (ITEM 27) (Type,		2 29d. 04	7/28/91

JOSEPH HOSP.

MD

Towsord

leterate in a com

C 600

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

26827 01

DHMH-18 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO		1	20021
	1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE O	OF DEATH		YEAR 3	. TIME OF DEATH
	HARRY	W		UTZ		09	/_30	/ 1991		11:09 P M
	4. SOCIAL SECURITY NUMBER 208		In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		. BIRTHPL Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give		YRS.	01 0174 7010	OR LOCATION OF D	APRI	L 17,			O., MD.
H	THE JOHNS HOPKI				ORE CITY			9c. COUNT		
5	RESIDENCE OF DECEDENT							BALT	TMOF	RE
DIRECTOR	MARYLAND 106, COUN	TY		TY, TOWN OR LOCA BALTIMOR					- 1	Od. INSIDE CITY LIMITS?  YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 4808 WILLISTO	N STREET			M. ZIP CODE 21229			U.S.A		AT COUNTRY?
ВХ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FDRCES? 1 ☑ YES IF YES, GIVE WAR OR DA	2 NO	It yes, s	DECENDENT OF HISPANIC DRIGIN? (Specify Yee or a, specify Cuben, Mexicen, Puerto Rican, etc.) YES 2 (MO Specify:			or No 14	Specify	- American Indian, White, etc. WHITE
E	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DECEDENT'S	S USUAL OCCUPATION OF	ON art of warking	16b. F	(IND OF BU	SINESS/INDUS	TRY	
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)		work done during musa retired.)						
PM	6TH GRADE  17. FATHER'S NAME (First, Middle, Last)		SHIPP.	ING CLER	-			ERY WA	RDS	
E C	GEORGE JOSEPH L	UTZ			IDA B					
0	19e. INFORMANT'S NAME (Type/Print)	012	19b. MAILING	D ADDRESS (Street	end Number or Rural				arfa)	
2	MARY L. LUTZ				TON STRE					229
	20e, METHOD OF DISPOSITION 1 Device 2 Cremetion 3 Rec	moral from State	PLACE AND DATE	OF DISPOSITION /A	ame of	DATE	200 10	CATION CO		04-4-
	4 Donation 5 Other (Specify)	ĞA	RRISON ]	FORREST	CEMETERY	10/3	3 OW:	INGS M	ILLS	, MD.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY				
	Dawns	· Oisher							E. M	D. 21229
CERTIFICATION	IMMEDIATE CAUSE (Finei disesse or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	a. Ventrelen DUE TO (DR AS A  DUE TO (DR AS A  C. DUE TO (DR AS A  d.	CONSEDUENCE O	pony						Onset and Death 25 minutes 10 mouth 5
MEDICAL	MI fred required		ut not resulting	In the underlyin	g cause given in		46. WAS AN PERFOR	MED?	AM CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 HIO	HOSPITAL:	etlent 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	6 Other (	Specify)			
H	27. MANNEH OF DEATH 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM		JURY AT DRK?	26d. DESCI	RIBE HOW II	NJURY OCCUP	EΟ	
B	2 Accident Investigation	200 BLACE OF BUILDING			YES 2 ND					
ETED	S Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, tarm,	atreet, tectory, offic	•	261. LOCAT City or	ION (Street e Town, State)	nd Number or	Rural Rout	a Number,
COMPLETE	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of my knowle ER: On the basis of examination	edge, dasth occurr end/or investigation	ed at the time, data on, in my opinion, o	end pleca, and dua leath occured at the	to the cause	e(a) end man	ner as stated, d due to the c	nuse(s) er	nd manner ex stated.
O BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	MD			29c. LICENSE NUM	MBER		29d. DATE SI	GNED (MC	onth, Day, Year)
F	L)Imonsh N	HO COMPLETED CAUSE OF DEA	NTH (ITEM 27) (Type	Print) Ife St	Ball.	nai	MD	21	20	5
	oct 0 2 1991	32. REGISTRAR'S SIGNA	TURE							

0	
9/	
8	
2	
6	
BOX 68760	
P.0	
0	
S	
P.	
ŭ	
RECORD	
. VITAL	
E	
5	
L.	
0	
Z	
9	
S	
2	
0	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	HEALTH AND W	ENTAL HYGIE		1 200
	1. DECEDENT'S NAME (First, Middle, Lat Clara	Luças	Lynn			2. DATE OF DEATH MONTH Sept. 30	1991	a. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 053-38-1583	1 - M 2 DF	, ,	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Mgath, Dav. Year) July 11	8.	BIRTHPLACE (State of Fore Country) New York
TOR	9a. FACILITY NAME (If not institution, ghas been stated on the stated of the stated of the stated of the stated on	lospice		Tow	OR LOCATION OF DEA	тн	9c. COUNTY Bal	of DEATH timore
DIRECTOR	New York			TOWN OR LOCA			10d. INSIDE CITY LIMITS? 1 YES 2-X N	
FUNERAL	10e. STREET AND NUMBER  25 Anthony I	Drive .		10	12601		10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2X NO	If yes, ap	DECITY CUBEN, Mexican, S 2 NO Specify:	ORIGIN? (Specify Yo Puerto Rican, etc.)	ne or No- 14.	RACE — American Indian Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT use	rk done during mo retired.)	ON ost of working	USINESS/INDUST		
COMP	17. FATHER'S NAME (First, Middle, Lest)	4	House	wife	18. MOTHER'S NAM	E (First, Middle, Meide	omemak	ring
TO BE	Unknown by i				and Number or Rural Ro			
	Mr. Owen Cla  20a. METHOD OF DISPOSITION 1 & Burial 2 Cremetion 3 Re	20	b. PLACE AND DATE OF	DISPOSITION /A/	Rd., Sta	0ATE 200 1	N.Y.	
	4 Donation 5 Other (Specify)		Poughkeer Poughkeer	22. NAME A	ND ADDRESS OF FACE	tery Po	oughkee	epsie, N.Y.
	23. PART I. Enter the diseesea, o	Martin D. La		Time	mon-Mitch onium, Ma	ryland 2	1093	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	· Chronic	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	tes sections	and cal	Louker	umor	Interval Bei Onset and hours
MEDICAL	PART II. Other significant condition Chronic A	ons contributing to death Terrol Facil			g cause given in P		RMEO?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DE CA OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:		THER:	ACE OF DEATH (Chec		<u>-</u>	
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	NO 5 Residence 6	Other (Specify)	INJURY OCCUR	ED
ETED	3 Suicide 6 Could not b 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — A1 home, ferm, atre	et, fectory, offic	•	81. LOCATION (Street City or Town, Stelle	end Number or R	tural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHY 2 🗌 MEDICAL EXAMI	SICIAN: To the best of my know	wiedga, death occurred on and/or investigation,	at the time, date	end piece, end due to	the cause(e) end me ne, date end place, e	nner ee stated. nd due to the ce	use(e) end menner ea ste
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE SIGNATURE AND ADDRESS OF PERSON W	SELL mi	).	·	29c. LICENSE NUMB Marfard D.	05/31	29d. DATE SE	36/91
	William R. Bell	, M.D.		ни)			/	/
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	anguette,					



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 1	1. DECEDENT'S NAME (First, Middle, Last)	Garland	В.		LAUGH	F DEAT		2. DATE OF DEATH	6	gran	3. TIME OF DEATH 8:42 A	
	4. SOCIAL SECURITY NUMBER 245–12–8770	5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR	-	24 HRS, MIN,	7. DATE OF BIRTH (Month, Day, Year)	21	8. BIRTH Countr	IPLACE (State or Foreign	
בסו	90. FACILITY NAME (If not Institution, give street end number)  Franklin Sq. Hospital  RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH ROSSVILLE					21 N. Carolina 9c. COUNTY OF DEATH Baltimore		
DILECTOR.	10a. STATE 10b. COUNTY Maryland				c. CITY, TOWN OR LOCATION		10				10d. INSIDE CITY LIMITS?	
- CINEDAL L	10e. STREET AND NUMBER			Middle River 101. ZIP CODE 109						1 TYES 2 NO		
	27 Bl  11. MARITAL STATUS  1 Never Merried 2 Merried  3 M Widowed 4 Divorced	ister St 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W 1942-19	T EVER IN U.S. A XYES 2 AR OR DATES	RMED NO	If yes,	ECENDENT Of the Country of the Count	n, Mexicar	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	U.S	14. RACE	,	
	15, DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 YTS	ATION	16a. D	Give kind of vite. Do NOT us	USUAL OCCUPA work done during is is retired.)	nost of workin	g	16b. KIND OF BU			white	
201111111111111111111111111111111111111	17. FATHER'S NAME (First, Middle, Last)	mes	Laught		rial analyst Martin Co  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  Mary Ayers					0.		
	19. INFORMANT'S NAME (Type/Print)  Michael D. Lau			9b. MAILING	ADDRESS (Street	end Number	or Rural R	oute Number, City or Tow	n, State, Zij	o Code) 2108	84	
	Michael D. Laughter  2307 Knoll Ct. Jarrettsville, Md. 21084  20a, METHOD OF DISPOSITION 1 A Donation 5 Other (Specify)  20b, PLACE AND DATE OF DISPOSITION (Name of Specify)  20b, PLACE AND DATE OF DISPOSITION (Name of Specify)  20b, PLACE AND DATE OF DISPOSITION (Name of Specify)  20c, LOCATION — City or Town, State Specify)  210 Bel Air, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY E. Lassahn Funeral Home 11750 Belair Rockingsville; M.d. 21087											
	23. PART I. Enter the diseases, Dr c shock, Dr heert fellure. I IMMEDIATE CAUSE (Finel disease Dr condition	Dimplications that lat only one cau	se on each lin	leeth. Dp r	on the man of the man	ode of dyle	ng, such	es cardlec or respi	ratory en	rest,	Approximate Interval Between	
	resulting in death)	DUE TO	OR AS A CONSE	EQUENCE OF	1 +/	10	M				Onset and Death	
	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	EOUENCE OF		f					Onset and Death	
. 11	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	EQUENCE OF	j:	The state of the s	Iven in F	Part I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	EQUENCE OF	n the underlyl	PLACE OF DE	ATH (Chec	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
. 11	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II, Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  DUE TO  COntributing to  Contributing to  Contributing to	(OR AS A CONSE	FOUENCE OF resulting I	28. OTHER: 4 □ Nursing He EOF 28c. II	PLACE OF DE	ATH (Chec	PERFOR	NO NO	CUAED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 212 31. DATE FILED (Month. Day, Year) 32. REGISTRAR'S SIGNATURE
Luna Davidson-Randson

the same of the same

	0
00,	within
687	ecured
BOX	of within 24
0	certifie
S, T	death
30	it the
Ö	s the
REC	require
FAL	The law
F VI	YSICIAN
Z	Hd 5
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certain
0	TAL OR
	Sp

	ANDREW GEOR						10	01	91	0645
	4. SOCIAL SECURITY NUMBER 219-10-0793		68 YF	day) IF UNDER		UNDER 24 HRS. DURS MIN.	7. DATE OF (Month, De JULY 3	iv. Year)	Coun	HPLACE (State or Fitry)  TIMORE,
TOR	9a. FACILITY NAME (I) not institution, gives ST. AGNES HOSPIT		Te II		LTIMO	OCATION OF D			COUNTY OF	
DIRECTOR	10a. STATE 10b. COUL	HOWARD		ELLICO						10d. INSIDE CIT LIMITS? 1 YES 2 V
FUNERAL	100. STREET AND NUMBER 12214 BENSON BRA	NCH ROAD			10f. ZI	CODE				WHAT COUNTRY?
COMPLETED BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES, GIVE WAR OR DATE			2 NO If yes, specify Cuban, Maxican.				in, Puerto Rican, etc.) Blac		
	(Specify only highest gra Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)			OCCUPATION during most o	working	16b. KIN	ID OF BUSINES	SS/INDUSTRY	
	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)		ENGIN	EER	10	. MOTHER'S NA		STINGH le, Malden Surna		
BE	EMIL J. MEYER  19a. INFORMANT'S NAME (Type/Print)			LING ADDRES	S (Street and )		IY H. K	NELL City or Town, Stee	to Zin Codel	
2	MARY M. MEYER									MD 21
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation & Other (Specify)		20b. PLACE AND D.	12214 BENSON BRANCH PLACE AND DATE OF DISPOSITION (Name of ery, cremetory or other place) ESTLAWN CEMETERY			0ATE 10/4	20c. LOCATIO	ON - City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			H	UBBARI		CAL HOM	E INC.		MD. 212
	ahock, or heart fallur iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mebal	,	Do not antar	r the moda	of dying, suc	ch as cardiac	or reapirator	ry arreat,	Approxii intarvai
HTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. Mebal  oue TO (OF  b. DUE TO (OF	on each line.	Do not enter	r the moda	of dying, suc	ch as cardiac	or reapirator	ry arreat,	Approxir intarvai
сентінсят	snock, or neart tailur immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. List only one cause  oue to (or  b. Due to (or  c. Due to (or	R AS A CONSEQUENCE	Do not enter  De of):  DE Of):  DE Of):	CO. CC	MOUND	Part I. 24	OF TEMPLES OF TEMPLES	ry arreat,	Approxitintaryal Onset as Onse
MEDICAL CERTIFICATI	immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. List only one cause  oue to (or  b. Due to (or  c. Due to (or	R AS A CONSEQUENCE	Do not enter  De of):  DE Of):  DE Of):	CO. CC	MOUND	Part I. 24	or reapirator	ry arreat,	Approxinintaryasi i Onset ar O
SICIAN: MEDICAL CERTIFICATI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. List only one cause  a. McDal  OUE TO (OF  DUE TO (OF  DUE TO (OF  d	R AS A CONSEQUENCE	Do not enter  Do not enter  DE OF):  DE OF):  DE OF):  OTHER	CO. CCI	OF DEATH (C)	Part I. 24a	or reapirator  PERFORMEO?  YES 2 N	ry arreat,	Approxir interval   Onset ar   On
PHYSICIAN: MEDICAL CERTIFICATI	immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other eignificant conditions.	a. List only one cause  a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  RAS A CON	Do not enter  Do not enter  DE OF):  DE OF):  DE OF):  OTHER	26. PLACE PLACE R: raing Home 5: 28c. INJURY: WORK?	OF DEATH (C)	Part I. 24a	or reapirator  PERFORMEO?  YES 2 N	PPSY 24k	Approxinintaryal i Onset ar Onset ar
TED BY PHYSICIAN: MEDICAL CERTIFICAN	immeDiate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other eignificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. List only one cause  a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	R AS A CONSEQUENCE R AS A CONSEQ	DO NOT ANTER  DE OF):  DE OF):  DE OF):  TIME OF INJURY M	26. PLACE R: reing Home 5 28c. INJURY: 1  YES	OF DEATH (C)	Part I. 24a  1 [  eck only one)  8 Other (Sp  28d. DESCRIII	or reapirator  rectus  N. WAS AN AUTO PERFORMEO?  YES 2 N	PSY 24h	Approxitintaryal Onset at Onse
ETED BY PHYSICIAN: MEDICAL CERTIFICAN	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions in the condition of	a. List only one cause  a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d. One contributing to de  HOSPITAL:  1   Inpetient 2   Ef  28a. DATE OF IN.  (Month, Day.)	R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  RAS A CON	DO not enter  DE OF):  DE OF):  DE OF):  DA 4   Nun  Time OF   Null  Time of   Null  Time, street, fact	26. PLACE R: raing Home 5 28c. INJURY WORK? 1 — YES	OF DEATH (C/	Part I. 24a  1 [ 28d. DESCRIII  281. LOCATIO City or To	D. WAS AN AUTO PERFORMEO?  YES 2 N  N (Street and Num, State)	PSY 24k Y OCCUREO  umber or Rural is stated.	Approxir interval   Onset ar   On
TED BY PHYSICIAN: MEDICAL CERTIFICAN	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other eignificant conditions in the condition of	a. List only one cause  a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  RAS A CON	Do not enter  Do	26. PLACE R: raing Home to 28c. INJURY WORK? 1 YES tory, office	OF DEATH (C/	Part I. 24a  1 [ 28d. DESCRIII  28l. LOCATIO City or To to the cause(s	or reapirator  D. WAS AN AUTO PERFORMEO?  YES 2 N  N (Street and Numer, State)  and manner as place, and dua	PPSY 24b PSY 24b PSY 7 P	Approximintaryal Onset as Onse
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other eignificent conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation investigation and Sucidary investigation	a. List only one cause  a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	R AS A CONSEQUENCE  R AS A CONSEQUENCE  RAS A CONSE	Do not enter  Do	26. PLACE R: raing Home 5 28c. INJURY WORK? 1  YES ttory, office	OF DEATH (C/	Part I. 24a  1 [ 28d. DESCRIII  28l. LOCATIO City or To to the cause(s	or reapirator  D. WAS AN AUTO PERFORMEO?  YES 2 N  N (Street and Numer, State)  and manner as place, and dua	PPSY 24b PSY 24b PSY 7 P	Approxitintaryal Onset as Onse

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91 26830

DHMH-16 Rav 1/89

30/91 3. TIME OF DEATN 1: 10pm

BIRTHPLACE (State or Foreign

1 - M 2. X F Maryland 218-74-9651 09-09-5 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Seton Manor Nursing Home Baltimore City none RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City none 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1049 Kenwood Avenue 21205 use as the burial-transit United States or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1X Never Married 2 Married BY 3 Widowed 4 Divorced Negroid COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 6+) be detached for the hospital 8th grade unemployed none none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Lee Morgan 3 Angelice Carroll 器 page 5 should Page 6 may be retained notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Angelice Handy 23rd St. Balto, Maryland 21218 99 20e. METNOD OF DISPOSITION

(XC) Burlel 2 Cremetlon 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must other place) Zion Cemetery 10/4/91 Baltimore City. Md. 22. NAME AND ADDRESS OF FACILITY CALVIN B. Scruggs Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN the funeral after death. 1412 E. Preston St. Balto, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 3 Approximata shock, or heart failure. List only one cause on each line. filled in Interval Between 6 Onset and Daath IMMEDIATE CAUSE (Final the disease Dr condition\_ MAI Septicarya and completely fi (MAI Septicemia) resulting in death) event, (AIDS) TIDS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician at Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING law requires that the death certificate CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t AVAILABLE PRIOR TO 1 - YES 2 10 COMPLETION OF CAUSE s certificate has been signed th the State Dept, of Health It will tem 23 shows an 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 WOX 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t 5 Pending investigation Batural 1 YES 2 NO ₽¥ Accident death HOSPITAL OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be DIRECTOR: / 35 COMPLETED 4 Homicide 28 ltem. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. FUNERAL within 72 h IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 五五百 10/1 333 91 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Johns Hopkins Hospital Balto, 21205 165,30 31. DATE FILED (Month, Coy. Year) Jay REGISTRAP'S SIGNAPHRE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH 9/9

30

MORGAN

8. AGE (In yrs. last birthday)

ANGELICE

OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

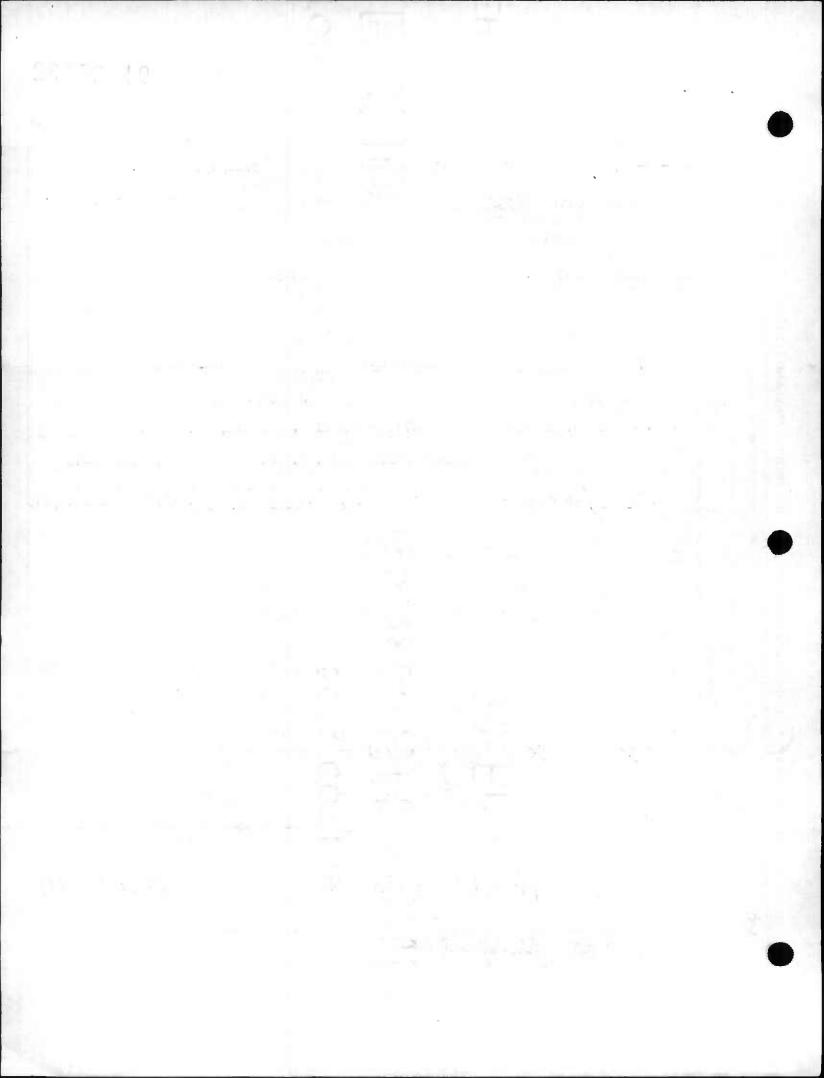
4. SOCIAL SECURITY NUMBER

ANGELICE

DHMH-18 Rev 1/89

31. DATE FILED (Month, Day, Year)
OCT 0 2 1991

	, FOR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN		2683	32	
	1. DECEDENT'S NAME (First, Middle, Last)  Annie F.	Miller	REG. NO  2. DATE OF OEATH MONTH D		3. TIME OF DEATH	F <sub>M</sub>				
	4. SOCIAL SECURITY NUMBER 244-50-1472	5. SEX 6. AG	AE (In yrs. lest birthday)  Of YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/20/1900	0.	BIRTHPLACE (State or Foreig Country)  N • CAROLINA	n	
DIRECTOR	9a. FACILITY NAME (If not institution, give at Fallston Gen	eet and number) . HOSO.		Falls	tou	EATH	Har	/		
	10a. STATE 10b. COUNTY  MD HAR	FORD		REST HI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	,	
FUNERAL	100. STREET AND NUMBER 109 FOREST VALLEY	DR.		10	1. ZIP CODE 21050	)	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) ly:	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	166. KINO OF BU	SINESS/INOUS:	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) FLOYD ROUPE			A.	JENNI	AME (First, Middle, Maiden E JONES				
TO 8	19a. INFORMANT'S NAME (Type/Print) MRS. JOHNIE R. 1	HORTON	The second second second	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM		Route Number, City or Tow EL AIR, MD.				
	206. METHOD OF OISPOSITION 1 © Buriel 2 © Cremetion 3 © Removed from State 4 © Donation 5 © Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	els Ture	nel Hom	E.	F. Lassa	hn Funeral		. Md. 21087	,	
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition			not enter the m	ode of dying, suc	ch se cardiac or resp	iretory stress	t, Approximate Interval Bett Onset and I	weel	
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PERFOR	A CONSEQUENCE O	on: of 1	SCHÆ	MIC C	0 L O			
_	PART II. Other significent condition	s contributing to deat	h but not resulting	in the underlyi	ng cause given in	Pert I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO	) USE	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	theck only one)  6  Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUI	RED						
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)		YES 2 NO	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLE	CONDUCT ONLY	CIAN: To the best of my k						cause(a) and menner as sta	ted.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	VMAC	chyan	barms	29c. LICENSE NU	JMBER	29d. DATE S	SEP 190	ī/	



TO:THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO:THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or o	

	1 - STATE REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	DOROTHY EVELYN MA	CK			SEPT Z	6 1991				
		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	0. Bi	RTNPLACE (State or Foreign			
	57 9-28-4275 1□M2 <b>≥</b> F 79	YAS.	NONTHS DAYS	NOURS MIN.	3-13-1		0k1a			
N.	9e. FACILITY HAME (if not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY OF DEATH Anne Arundel				
5	10006 Cuildford Rd									
DIRECTOR	Md Anne Arundel	Jessi	TOWN OR LOCAT	ЮН			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?			
FUNERAL	10006 Guildford Road			20794	4	US	Α			
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN 1 FORCES? 1 YES				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or Ho— 14. R	IACE — American Indian, Black, White, atc.			
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  1 PYES, GIVE WAR OR DAT			2 HO Specify			Tack			
0	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed)	16e. DECEDENT'S U	SUAL OCCUPATION MO	OH at unstring	16b, KIND OF BU	SINESS/IHDUSTR	Y			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use	retired.)							
MP	12 Yrs 2 Yrs	Switch !	Board O							
	Unknown				ME (First, Middle, Maider NOWN	Surname)				
8	19a, IHFORMANT'S HAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or To	vn, State, Zip Code	)			
5	Maude Leftwich	236 Lo	ngfello	st NW,	DC 20011					
	20. METHOD OF DISPOSITION    Date   D									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PAT	k	22. HAME AI	ND ADDRESS OF FA	CILITY Tohn	T Rhine	s Co., Inc.			
	· Hagel Humm	er	3015	12th S	t NE, DC 2		s oo., me.			
5	23. PART I. Enter the diseases, or complications that ceused shock, or heart feliure. List only one ceuse on each immediate CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A C	ch fina.			h es cardiec or resp	piratory srrest,	Approximata interval Batween Onset and Death			
DICAL CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF	):							
PHYSICIAN: MEDICAL CE	hypertension gost, obes:					RMED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
AN	25. WAS CASE MEFERRED TO MEDICAL		26, P	LACE OF DEATH (CA	neck only one)					
Sic	EXAMINER?  1 VES 2 NO  1 Inpetient 2 ER/Outpe	tient 3 El DOA	OTHER:	no 5 Treeldence	8 Other (Specify)					
PHY	27. MAINEN OF DEATH  1 Netural 8 Pending  28e. DATE OF INJURY (Month, Day, 14)	200. TIME	W	IURY AT DRK? YES 2 HO	28d. DESCRIBE NOW	INJURY OCOURE	D			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specif	28e. PLACE OF INJURY — At home, farm, street, factory office					ural Route Number,			
Suicide 6 Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
								ш	29b. SIGNATURE AND TITLE OF CERTIFIER	Deput
TO B	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	ard Co	D314	13	Sep	+26/91			
	PATRICE A. Tore, my 4565	HEMLO		EWAY	ELLICOR	w here	0 21042			
	31. DATE FILED (Month, Day, Year)  OCT 0 2 1991  ALL SWIGHT SIGNA	ndell								
							DHMH-16 Rev 1/8			

· 2.



-	
	1
	۸.
	P
-	п
-6	13
0	
(0)	
-	3
100	
00	. 3
10	1
~	- 1
~	п
_	
0	2
$\mathbf{c}$	ľ.
00	- 3
-	-
	1
-	15
$\circ$	-
0	- 1
- "	,
о.	4
	- 7
	3
S	7
-	-
	4
-	•
0	1
_	i
	4
4.4	
O	- 5
14.1	
ш	li
000	I i
-	- 2
	i
_	3
-	П
-Q	
1_	C
	٠.
	á
>	4
-	7
L	3
=	9
	3
_	5
-	-
	0
0	ä
U	è
-	3
10	ø
Man.	Б
_	٩
200	
-60	d
really	ď
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE PROPERTY OUNCESTAND THE PARTY AND ADMINISTRATION OF THE PARTY AND ADMINISTRATION OF THE PARTY OF THE PART

	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transft narmin Pages 1.2 sexular	Dinone o	
	7 1 2 T	1 200	
	mit Par		
	neit ner	100	
ohysiciar	burial-tra		
ending	as the		
tal or at	for use		
he hospi	detached		once.
ned by t	ould be		led at
De retail	de 5 sh		e notif
to may	ector, pa		must b
am. ragi	neral dir		miner
anter de	by the fu	moval.	ical exi
SA MOURS	filled in	on, or re	ne med
WITHU A	mpletely	cremati	vent, 1
executed	and co	to burial	matic e
אכקוב חב	physiciar	ne prior	er trau
dui ceru	tending	al Hygier	or oth
i ure de	by the at	nd Ment	Injury.
nices trid	signed	Health a	We amy
ומא ופל	nas been	Dept. of	23 she
TSICKAY. THE LAW LEGUILES LIKE LICE LIBERT OF THE EXECUTED WITHIN 24 HOURS ARE DEATH. PAGE 6 MAY DE RETAINED BY THE HOSPITAL OF ATTENDING PHY	rtificate 1	ne State	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
JICHUS E	r this ce	th with th	arked,
MININA	TOR: Afte	ifter deal	28 is m
1	L DIRECT	hours a	Item 2
Bucon	FUNERAL	within 72	TANT: II
1	뿦	Pe	OR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, MICHIGO, Last)  ANDA M. OWENS	2. DATE OF DEATH	EAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 8 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign Country)				
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE  RESIDENCE OF DECEDENT  BALLIMON	ATH OCITY OC. COUNTY	OF DEATH				
DIRECTOR	106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 6A/1: move	J	10d. INSIDE CITY LIMITS? 1 2 VES 2 NO				
FUNERAL	5206 KUSSCOMBE LANE 21215	10g. CITIZEN	N OF WHAT COUNTRY?				
B	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U.S. ARRED FORCES? 1 YES 2 NO  13. WAS DECENDENT OF HISPAN ff yes, specify Cuban, Maxicai 1 YES 2 NO Specify  14. WAS DECENDENT OF HISPAN ff yes, specify Cuban, Maxicai 1 YES 2 NO Specify	n, Puerto Rican, atc.)	. RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ### DO NOT use retired.	16b. KIND OF BUSINESS/INDUS	TRY				
		ME (Pirgt, Middle, Maiden Surname)					
TO BE	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rurel P	Number, City or Town, State, Zip Co.	4				
	20e. METHOD OF DISPOSITION 1 Description 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of the parties), organization of the parties of the p	PAY 20c. LOCATION - CITY	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSIER  21. SIGNATURE OF FUNERAL SERVICE LICENSIER  22. NAME AND ADDRESS OF FACTOR OF THE CONTROL OF THE	DISS FYNETH	to me				
	23. PAST/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock of heart failure. List only any	ON/ 1 HUR DALL	D.M. 21216				
	immediate cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	action	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):						
ERI	resulting in death) LAST						
- 11	PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the underlying cause given in the supplier of the conditions contributing to death but not reaulting in the supplier of the conditions contributing to death but not reaulting in the supplier of the conditions cause given in the supplier of the conditions cause given in the supplier of the conditions cause given in the supplier of the conditions cause given in the supplier of the conditions cause given in the supplier of the conditions cause given in the supplier of the conditions cause given in the conditions	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS				
MEDICAL		1   YES 2   NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chee	ck only one)					
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA  OTHER: 4 Nursing Home 5 Residence 8						
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURE	ED				
	3 Suicida 6 Could not be detarmined 26a. PLACE OF INJURY — At home, ferm, street, factory, offica building, stc. (Specify)	281. LOCATION (Street and Number or R City or Town, State)	Burel Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the control of the best of my knowledge, desth occurred at the time, data and place, and due to the control of the best of my knowledge, desth occurred at the time, data and place, and due to the control of the best of my knowledge, desth occurred at the time, data and place, and due to the control of the best of my knowledge, desth occurred at the time, data and place, and due to the control of the co	o the cause(a) and menner as stated, ime, data and place, and dua to the ca	use(s) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Aul Ubelas MD 29c. LICENSE NUMI  D 2		GNED (Month, Day, Year)				
	ANIL UBEROR 3830 FALLS RD BALTO	D MD2121	(				
	31. DATE-FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  OCT 0 2 1991 Alia Davidson Randoll						
	The state of the s						

10070-10

permit. Pages 1, 2, 3 should

use as the burial-transit

funeral director, page 5 should be detached for

A	8	-
0	100	2 2
	at a	Ye
_	50	5
	3	5 5
	=	e .
	24	50
_	흪	at
O	ŧ	e et
9	~	를 3
~	ĕ	8 1
33	2	5 9
-	exe	9 0
$\sim$	9	E -
0	63	3.8
$\mathbf{\omega}$	331	£ 0
-	tif.	0 0
O	e	E 8
0.	4	SI
-	eat	att
S	Ö	9 9
	the	# P
Œ	123	3 6
0	£	3 5
0	es	5 18
$\tilde{a}$	5	E S.
~	Ped.	9 6
-	2	2
-	60	as Se
4	2	0 P
	-	at at
5	Z	S
	3	the th
-	S	0 E
U	H	五多
7	03	h 6
0	ž	ea th
$\simeq$	9	2 -
S	1	50
5	A	S
=	8	E 3
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7	20
	M	3 E
	SP	j
	ğ	5 1
	ш	m 5
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	2	23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Arthur Price, Sr. Robert 09 30 11:18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 F 81 YRS. 220-32-3140 Maryland Jan. 17 1910 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore Sparks 1 YES 27 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 14823 York Road 21152 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yee, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY 1 YES 2 NO Specify. 3 X XWidowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Retail Grocery Grocery Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ĕ Harry Price Beulah Scott BE notified a 190. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 2 Robert A. Price, 14823 York Rd., Sparks, Md. 21152 pe 20e. METHOD OF DISPOSITION

1 (XBurlet 2 | Cremetion 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must essops Meth. 4 Donation 5 Other (Specify) Ch. Cem. Sparks, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Lawson kuson Martin D. Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd., Timonium, Md. 21093 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or haert failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition reauiting in death) injury, or other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 THO 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) EXAMINERS
1 TES 2 NO HOSPITAL:
1 | Inpatient 2 | Pri/Outpatient 3 | DOA OTHER: me 5 - Residence 6 - Other (Specify) 4 - Nursing Ho 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide .00 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED hours after item 28 is 4 Homicide 29a. CERTIFIER 1 CERTIFIER ON 1 CERTIFIER PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, end due to the cause(e) end menner as attated. TO THE FUNERAL IDE filed within 72 h 2 MEDICAL EXAMINER. On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 9 COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print) 210 menio 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE lia Davidson-Rendelle

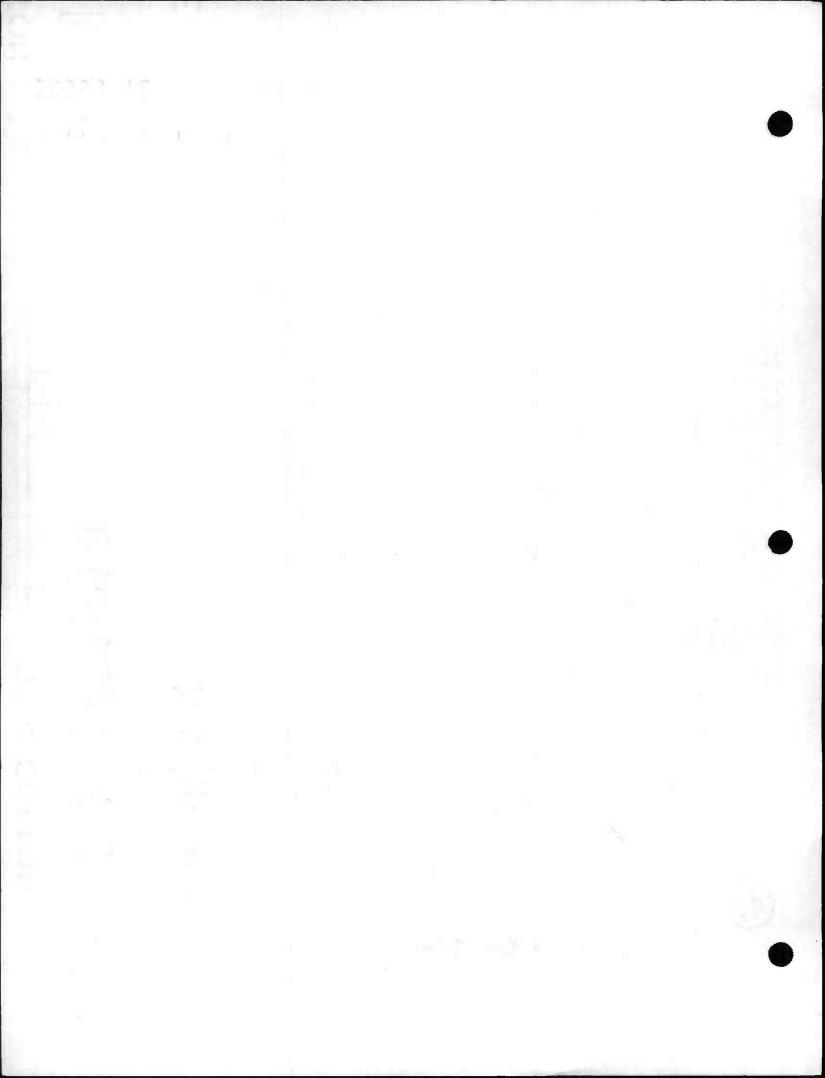


	ı
	1
0	
9/	
00	
BOX 68760	
2	
3	
0	
0	
10	
Ö	
8	
0	
O	
Щ	
T.	
7	
-	
5	
ш	
0	
7	
ō	
-	
=	
DIVISION OF VITAL RECORDS, P.O. I	

	Matilda	<b>d</b>	Katheri	ne	Peter	sen	1.0		Sept.	29	199	),1	2:24 A
	4. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	IF UNDER 1 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BI (Month, Day,	( Year)		Country	
	076-38		1 🗆 M 2 💢 F	89	YRS.				April		902		w Jersey
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								HTA				
DIRECTOR	Sinai	Hospi	tal			Ba	Itimor	9				-	
5	10a. STATE	10b. COUNT			10c. CI1	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
	Maryland Baltimore Lutherville							1 VES 2 NO					
M	106. STREET AND NUMBER 107. ZIP CODE 10g. CITIZEN OF WHAT							HAT COUNTRY?					
FUNERAL	8402 Saunders Road							21093				JSA	
BY	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dive			NT EVER IN U.S 1 YES 2 WAR OR DATES	X NO	H y		ban, Mexice	IIC ORIGIN? (Sp n, Puerto Ricen,		r No	Black,	- American Indian, White, etc. White
		CEDENT'S EDU		16a	. DECEDENT'S	USUAL OCC	UPATION ing most of wo	rking	16b. KINE	OF BUSI	ESS/INDU	STRY	
COMPLETED	Elementary/Secondary (		College (1-4 or 5	+)									
MP	12	Material III			Hous	ewite	-			lomen		<u> </u>	
	17. FATHER'S NAME (First, A	or line							ME (First, Middle				
H	John S				19h MAII IN	Anneree a			da Jero			Codel	
2	Mrs. Lois C		11	7.1					Luther				1093
	20. METHOD OF DISPOSIT	TION	1777	20b. PL	ACE ANO DAT			,	OATE	20c. LOCA			
	Buriel 2 Crematic	on 3 🗆 Rem	oval from State	of ceme	etary, cremator	y or other place	ce)	v			oklyı		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSIE / /	DAL	1	22. NA	ME AND ADD	RESS OF FAC					
	1 Du	AU.	an W. Cl	lary					ell-Wie				44 24000
	23. PART i. Enter the d	-			daeth Do								Md. 21093
	IMMEDIATE CAUSE (FI disease or condition resulting in deeth)	nei -	a. PROB	A BLE		ROLA							Interval Between Onset and Daat 30 MINI
FICATION	disease or condition resulting in deeth)  Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injury)	tions, ediate	DUE TO	A BLE	NSEQUENCE O	JARY DFI:	CA	RRH		MIA			Interval Between Onset and Deat 30 MINI
CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition, list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated evental resulting in death) LAS	tions, ediate fing ury	b. SEVE	O (OR AS A COL	NSEQUENCE (	UARY DED:	AKT	ERY	NTH	MIA	SE		Interval Between Onset and Dast 30 MINU 20 YEA
MEDICAL	disease or condition resulting in death)  Sequentially list condition, if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust) that initiated events	tiona, ediate fing ury	DUE TO	O (OR AS A COL	NSEQUENCE (	UARY DED:	AKT	ERY	D\S	MIA	UTOPSY IED?	24b.	Interval Between Onset and Deat 30 MINI
: MEDICAL	disease or condition resulting in death)  Sequentially list condition and the sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injury Intel Initiated events resulting in death) LAST PART II. Other algnific DELY D	tions, ediate (ING ury ST	DUE TO	O (OR AS A COL	NSEQUENCE (	UARY DED:	AKT	ERY e given in	Part I. 24a.	MAS AN A PERFORM	UTOPSY IED?	24b.	Interval Between Onset and Daat 30 MINU 20 YEA
: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth to list any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LAS	tions, ediate (ING ury ST	DUE TO  DUE TO  d.  HOSPITAL:	O (OR AS A COI O (OR AS A COI O (OR AS A COI O death but r	NSEQUENCE C	UARY DEP: In the und	AKT	ERY e given in	Part I. 24a	WAS AN A PERFORM	UTOPSY IED?	24b.	Interval Between Onset and Daat 30 MINU 20 YEA
PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting to Immercause. Enter UNDERLY  CAUSE (Disease or Injust Initiated eventa resulting in death) LAS  PART II. Other algnific  DEHY D  25. WAS CASE REFERRED  EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5	tions, ediate (ING ury ST	DUE TO  C. DUE TO  d. HOSPITAL: 1 Unpatient 2 28a. DATE 0	O (OR AS A COI O (OR AS A COI O (OR AS A COI O death but r	NSEQUENCE O	OTHER:	AKT	ERY e given in  F DEATH (Ch	Part I. 24a.	WAS AN A PERFORM VES 2	UTOPSY ED?	24b.	Interval Between Onset and Daat 30 MINU 20 YEA
D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting to Imme cause. Enter UNDERLY  CAUSE (Disease or Injuried Interesting in death) LAS  PART II. Other algnific  DEHY D  25. WAS CASE REFERRED  EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5	tions, ediate (ING ury ST CONTINUEDICAL Pending	DUE TO  C.  DUE TO  d.  HOSPITAL: 1 Minpetient 2  28e. DATE O (Month,	O (OR AS A COID O (OR AS A COID O (OR AS A COID O (OR AS A COID O death but r	NSEQUENCE CONSEQUENCE THER: 4   Nursir	28. PLACE OF WORK?	ERY e given in  F DEATH (Ch	Part I. 24s.  Leck only one)  8 Other (Spi	. WAS AN A PERFORM VES 2 (	UTOPSY ED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in list cause. Enter UNDERLY CAUSE (Disease or Injust initiated eventa resulting in death) LAS  PART II. Other algnific  DEAT D  25. WAS CASE REFERRED  EXAMINER?  1 YES 2 SONO  27. MANNER OF DEATH  Netural 5	tiona, odiate (ring ury ant condition RATIC)  Pending Investigation  Could not be detarmined	DUE TO  c.  DUE TO  d.  HOSPITAL: 1 Minestert 2 28a. PLACE building	OF INJURY — J., etc. (Specify)	NSEQUENCE CONSEQUENCE THER: 4   Nursir ME OF JURY M street, factor	28. PLACE OF Sec. INJURY WORK? 1 VES 29, office	ERY  e given in  F DEATH (Chr.  Residence	Part I. 24a.  1	. WAS AN A PERFORM YES 2 [  ocity) N (Street en win, State)	UTOPSY IED? NO	URED or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth Last (Disease or injust in that initiated eventa resulting in death) Last (Disease or injust in that initiated eventa resulting in death) Last (Disease or injust in that initiated eventa resulting in death) Last (Disease or injust)  25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 CERTIFIER (Check only one) 2 MET	tiona, ediate (ING ury ST Condition RATIO MEDICAL  Pending Investigation Could not be detarmined of the condition of the cond	DUE TO  c.  DUE TO  d.  HOSPITAL: 1 Minpetient 2  28a. DATE O (Month, 28b. PLACE building	O (OR AS A COI  O (OR AS A COI	NSEQUENCE CONSEQUENCE THER: 4   Nursir ME OF LIURY M street, factor	28. PLACE OF SE. INJURY AT WORK?  1 YES :  9, office	ERY  e given in  F DEATH (Chr.  Residence	Part I. 24a.  1 Ceck only one) 8 Other (Spa 28d. DESCRIE to the cause(e) time, data and	. WAS AN A PERFORM YES 2 [  ocity) N (Street en win, State)	UTOPSY JURY OCC  d Number of sestate due to the	URED  Or Rural R	Interval Between Onset and Daet 30 MINU 20 YEA 20 YEA WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 W NO	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in list cause. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LAS  PART II. Other algnific  DEAT D  25. WAS CASE REFERRED EXAMINER?  1 YES 2 SANO  27. MANNER OF DEATH  1 Netural 5	tiona, odiate (ring ury ant condition RA TO MEDICAL  Pending Investigation Could not be detarmined externined of pertification of pertificatio	DUE TO  C. DUE TO  d	O (OR AS A COI)  O (OR AS A COI)	NSEQUENCE CONSEQUENCE THER: 4   Nursir ME OF JURY M street, factor	28. PLACE OF SE. INJURY AT WORK?  1 VES 2: y, office  4, date and plinion, death oc	e given in  F DEATH (Ch  Residence	Part I. 24s.  1 Ceck only one)  8 Other (Sp. 28d. DESCRIE  28f. LOCATION City or Tou	. WAS AN A PERFORM  YES 2 [  ecity]  N (Street en win, State)  and mann place, and	UTOPSY JURY OCC  d Number of the state due to the	URED  Or Rural R  od.  cause(s)  Signed  2 2	Interval Between Onset and Daet 30 MINU 20 YEAR 20 YEAR 20 Y	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in list condition to the condition of th	tiona, ediate (ING ury ST Condition RATIO MEDICAL  Pending Investigation Could not be detarmined of gentifie of gentifie Could not be detarmined to F Person With SP ING S	DUE TO  C. DUE TO  d	OF AS A CONTROL OF CONTROL OF INJURY Day, Year)  OF INJURY Day, Year)  OF INJURY Day, Year)  OF INJURY Day, Year)  OF INJURY Day, Year)  OF INJURY Day, Year)  OF INJURY Day, Year)	NSEQUENCE CONSEQUENCE THER: 4   Nursir ME OF JURY M street, factor	28. PLACE OF SE. INJURY AT WORK?  1 VES 2: y, office  4, date and plinion, death oc	e given in  F DEATH (Ch  Residence	Part I. 24a.  1 Ceck only one) 8 Other (Spa 28d. DESCRIE to the cause(e) time, data and	. WAS AN A PERFORM  YES 2 [  ecity]  N (Street en win, State)  and mann place, and	UTOPSY JURY OCC  d Number of the state due to the	URED  Or Rural R  od.  cause(s)  Signed  2 2	Interval Between Onset and Daet 30 MINU 20 YEAR 20 YEAR 20 Y	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91 26836



once.

10

notified

pe

must

law requires that the death certificate be executed within

DIVISION OF VIT

DR ATTENDING

HOSPITAL

표

223

examiner medical the event. traumatic 9 the attending physician if Mental Hygiene prior to other 0 any injury, been signed by the Shows Has be 23 item 2 h the State of 0 this c marked. After th 0.0 DIRECTOR: 28 item FUNERAL within 72 h =

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH P(1) ONTH 08:28 AM M SIMMONS MYRLE L 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 214-03-6630 77 YRS. Jan. 7, 1914 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 - YES 2 0 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 306 4th Ave. S.E. 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker 12 Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) William Henry Langley BE Anna Elizabeth Starker 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alfred T. Simmons 306 4th Ave., Glen Burnie, Maryland 21061 S.E. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION -- City or Town, State OATE 1 To Burlel 2 Cremetion 3 Removed from State
4 Oonetion 6 Other (Specify) Glen Haven Mem. Pk. 10/4/91 Glen Burnie, A.A., MD 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home 421 Crain Hwy., S.E. Glen Burnie MD 2106 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cardisc or respiretory arrest, Approximete shock, or heart failure. List only one caues on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) ther initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AWAR ARLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY -- At home, term, street, factory, office 3 Suicide 6 Could not be 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exend/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Do Of 10 CHARLES WU, M.D./1600 CRAIN HIGHWAY, SW, #306/GLEN BURNIE, MARYLAND 21061



COMPL

BE

9

MPORTANT:

4 Homicide

REG. NO 2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

4. SOCIAL SECURITY NUMBER

7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 1 F 1 8- 1 4- 8293 May 5 1910 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Union Memorial Hospital FUNERAL DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 2108 Pelham Ave. 21218 nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If was specify Cuban, Maxican, Puerto Ricen, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 Merried If yes, specify Cuban, Maxican, Puerto Ri

1 YES 2 NO Specify: BY 3√ Widowed 4 □ Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Government Employee notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Fritz Schleunes, Sr. Mabel Hoffman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21030 2 Karl Schleunes 3 Reldas Ct. Apt. C, Cockeysville, Md. pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremellon 3 Removal from State
4 Donation 5 Oher (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Metro Crematory 5 Other (Specify) examiner 21, SHINATURE OF FEBRUAL SERVICE A ICENSEE 22. NAME AND AODRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Bryan W. Clary the Timonium, Maryland 21093 medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart sallure. List only one cause on near fine. in by filled **IMMEDIATE CAUSE (Final** the disasse or condition End Stuge Renal diseases TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it resulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 M Inpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 5:40 A M 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Day, (601) 1 Natural 5 Pending Investigation Pt. Amsted 1 YES 2 NO 129 BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of axemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Dwyel Memoria 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Fritz Schleunes

3. TIME OF DEATH Sept. 29 1991 YEAR Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black. White, etc. White Government OATE 20c. LOCATION — City or Town, State Catonsville, Md. Approximata Intervel Between Onset and Daeth 24b. WERE AUTOPSY FINDINGS AWAII ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Morth, Day, Year)

DHMH-15 Rev 1/89

Acres American Contract  $Z_{i,j+j_0}$ 

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L RECORDS, P.O.	law requires that the death cert	as been signed by the attending Jept. of Health and Mental Hygie	23 shows any Injury, or of
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State C	IMPORTANT: If Hem 28 is marked, or Hem

BALTIMORE, MARYLAND 21203-3146

1 - STATE REGISTRAR		CER	TIFICATE OF	DEATH	REG. N	10.				
1. DECEDENT'S NAME (First, M.					2. DATE OF DEATH		EAR 3. T	IME OF DEA	тн	
William L	. Schuyler				9 2	29 199	91 2	:40	PM	
4. SOCIAL SECURITY NUMBER 387-26-5825		6. AGE (In yrs. last bird	thday) IF UNDER 1 YEAR WAS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/11/2	2.3	BIRTHPLAC Country)	E (State or F	oreign	
9a. FACILITY NAME (If not instit	ution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	_	1110		
Pleasant M	anor Nursi	ng Cente	r Baltin	nore						
Maryland	Db. COUNTY		Baltimore					INSIDE CIT LIMITS?		
10e. STREET AND NUMBER	Heights A			21215		10g. CITIZE	41			
11. MARITAL STATUS 1 Never Married 2 Marital Mills Mil	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED 1½ YES 2 □ NO WAR OR DATES 3 - 2 / 0 8 / 4	if yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify an, Puarto Rican, etc.) by:	Yea or No- 14	RACE — A Black, Whi Specify: W]	ita, etc.	ian,	
15. DECED (Specify only in Elementary/Secondary (0-12	ENT'S EDUCATION ighest grade completed)	18a. DECEO (Give k	ENT'S USUAL OCCUPAT dind of work done during m NOT use retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS			1	
			nercial A			rt	-			
17. FATHER'S NAME (First, Midd					AME (First, Middle, Malo					
Walter St		405-40	AILING ADDRESS (Street	Thel			and a l			
Gisela Kan	,	79.50	15 Park		T15			212	15	
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation		20b. PLACE OF	DISPOSITION (Name of co	meleov crematory or		LOCATION - City			IJ	
1 🖺 Burial 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other (S)		_ Garr	ison Fore	est VA		wings			i	
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE		22. NAME /	ND ADDRESS OF FA						
Frvin	anol				rroll Fu North A		Home	3		
	a		Sis			spiratory arres		Approximinterval I	Betweend Dar	
if any, leeding to immedia ceuse. Enter UNDERLYING										
C. U.	Conditions contributing to A.	o daeth but not resu	ulting in the underlyi	ng ceuse given in	PERI	AN AUTOPSY FORMED?	CON OF I	RE AUTOPSY ILABLE PRIO IPLETION OF DEATH?	R TO CAUSE	
25. WAS CASE REFERRED TO	NEOICAL		26. (	PLACE OF DEATH (C)	heck only one)		<u> </u>		_	
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA 4 Nursing Ho	me 5 - Residence	5 Other (Specify)					
27. MANNER OF DEATH	28a. DATE O	F INJURY 2. Day, Year)	8b. TIME OF 28c. IN	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED			
Accident	restigation	OF IN ILIPY — At home		YES 2 NO	251. LOCATION (Stre	net and Mumber or	Burnt Boute	Alumbar		
	ermined building	), atc. (Specify)	term, erreet, rectory, on	va.	City or Town, St	ate)	Novel Hoose	reamout,		
one) —	YING PHYSICIAN: To the best of							menner se	stated	
296. SIGNATURE AND TITLE O	Tunzalar	M.D.		DIST 2	L4	29d. DATE S	SIGNED (MOI	nth, Day, Yea	)	
30. NAME AND ADDRESS OF B	ERSON WHO COMPLETED CA	AN 50	114 Has ford	10. 13al	to.MD. Z	-1214				
31. DATE-FILED (Month, Day, Ye	ar) 22-REGISTE	ARIE SIGNATURE	7			1				

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE	٠,		
	1. DECEDENT'S NAME (First, Middle, Last)		OZ.TTW TO	A12 01	<i></i>	2. DATE OF DE	EATH	YEAR	3. TIME OF DEATH	
	ELEANOR  4. SOCIAL SECURITY NUMBER	C. SNOWDEN	yrs. (ast birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	28	91	LACE (State or Foreign	
	220-36-3513	1 D M 2 DXF 54	HOURS MIN.	8/25/	(37	Country)	TO., MD			
	Se. FACILITY NAME (If not institution, give at	70-4-38-3-18-18-18-18-18-18-18-18-18-18-18-18-18-			R LOCATION OF			NTY OF DE		
топ	900 LYNDHURST	STREET (RE	ES.)	2.	L229					
DIRECTOR	10a. STATE 10b. COUNTY	1		TOWN OR LOCAT			7		10d, INSIDE CITY LIMITS?	
L DI	MARYLAND  10e. STREET AND NUMBER		<u> </u>		ORE CIT	ΓY	10g, CIT		1 XYES 2 NO	
FUNERAL	900 LYNDHURST	STREET			212	29		US	A	
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 X NO			ANIC ORIGIN? (Specien, Puerto Rican,		14 BACE	— American Indian, White, atc.	
ВУ	Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Spe	city:		Specify	BLACK	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during mo		16b. KIND	OF BUSINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use i	earea.)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle,				
BE (	ALBERT SNOWD	EN	Tank Manualo A	DODESO (Charles		TH SNOV		o Codel		
2	WANDA LEE BRO	OKS			RST ST				MD 21229	
	20a, METHOD OF DISPOSITION 1 Daurial 2 Cremation 3 Ram	20b.	PLACE OF DISPOSIT	TON (Name of cer	netery, crematory of	v	20c. LOCATION -			
	4 Donation 5 Other (Specify)		NG MEMO			FACILITY	BALTIM	ORE,	MARYLAND	
	70101	0 10/12	111			YETT & TY HEIC				
	23. PART I. Enter the diameter, or o	complications that caused	the death. Do no						Approximata	
	ahock, or hear failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine)  Onset and Death									
	disease or condition resulting in death)	a, DHE TO (OR AS A	CONSEQUENCE OF):							
z		· Hunt	ingtor	15 D	seas	0				
ATIO	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
FIC/	CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE OF):						1	
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other significant condition	na contributing to death b	ut not resulting in	the underlyin	g cause given	in Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
						-		9 -4	1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH	(Check only one)				
YSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	etient 3 DOA 4	OTHER:		on 8 Other (Spe	**			
٩	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Monthy Day, Year)	26b. TIME INJU	OF 28c, IN.	PRK?	26d. DESCRIE	HOW INJURY O	CCURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, atr			281. LOCATION	N (Street and Numbers State)	er or Rural R	oute Number,	
ETED	4 Homicide determined		"							
COMPLET	anal only	ER: On the best of my knowledge.							and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2 Folst	m		29c, LICENSE I	NUMBER	29d. DA	TE SIGNED	(Month, Day, Year)	
TO	SUSAN E. FUL	8 Lein, MG	^		- Th	ns Ho	okius	Ita	spital	
	31. DATE FILED (Month, Day, Year)  OCT 0 2 1991	32. DEGISTRAR'S SIGN	ATURE						-	
	0010 ~ 1331	1000000000	1000							



Agrees ng

9

d.	_	
death.	funera	ŀ
after	y the	noval
OUIS	f in b	or rer
24 h	filled	ion.
WILDIN	pletely	cremat
curred	d com	unal
88	n an	000
te De	sicia	prior
THE UR ALLENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Pr	HAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	vaiene
death	апеле	ental H
EL C	the	M
mat	D D	h an
Ulres	signe	Healt
Led Led	peen	00
Se Sw	has	Dep
- N	ficate	State
200	certi	the
THY.	this	with
DING	After	death
EN	JOR.	after
CK A	DIREC	HOURS
196	SAR.	27.1

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	91 26841							
1 - STATE CERTIFICATE OF DEATH	REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATN 3. TIME OF DEATN							
ANDREA JANINE TOWNSEND	9 27 91 10:43 A							
216 - 88 - 2715 1 M 2 X F 25 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year), O2/07/66 MD							
	DEATN 9c. COUNTY OF DEATN							
	10d. INSIDE CITY LIMITS? 1 X YES 2 \( \text{NO} \) NO							
3623 WEST GARRISON AVENUE 21215	10g. CITIZEN OF WHAT COUNTRY?							
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED IT J. WAS DECEMBENT OF HISPA If yes, specify Cuban, Maxic IT YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPA IT J. WAS DECEMBENT OF HISPA IT								
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  College (1-4 or 5 +)  If a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY							
11TH CIRADE RESTARAUNT COOK								
PREST TOWNSEND ELIZA								
ELIZABETH TOWNSEND 3623 W. GARRISON A	NE BALTIMORE, MD 21215							
1   Murial 2   Cremation 3   Removal from State 4   Donetton 5   Other (Specify)   T   I to mass CFM	DATE 20c. LOCATION — City or Town, State RANDALLSTOWN MO							
JOSOPH LIKE	ACLITY F. H							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying au	ch as cerdiac or reepiratory arreet, Approximeta							
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. ACQUIRED MINUTE CONTROL OF THE CONTROL OF T	OCOCCA I BACTELEM Onset and Death							
SAGUED HET CONSIDER OF THE QUIRED IMMUNE DEFICIENCY SUNDAME								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
reaulting in deeth) LAST								
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in CRY DTOS DORI DI	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 0 NO COMPLETION DF CAUSE OF DEATH?							
	1 TYES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PINO 1 VIGORITAL: OTHER:								
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	8 Other (Specify)  28d. DE\$CRIBE NOW INJURY OCCURED							
2 Accident Investigation M 1 YES 2 NO								
3 Suicide 4 Homicide  8 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and during one)  2 MEDICAL EXAMINER: On the bests of examination and/or investigation in my colors death occurred at the								
296 SUMMATTINE AND TOTAL OF CHARACTERS								
Helyabetron engineers - IP Kesidens	► 9-27-9/							
	1. DECEDENT'S NAME (Park, Michiga, Lase)  A. SOCIAL SECURITY NUMBER  A. SOCIAL SECURITY NUMBER  B. SEX  C. AGE (in yr. bist birthday)  B. RACLITY NAME (if no bistilition, give stress and number)  B. RACLITY NAME (if no bistilition, give stress and number)  B. RACLITY NAME (if no bistilition, give stress and number)  B. CITY, TOWN ON LOCATION OF IS  REBIDENCE OF DECEDENTY  100. COUNTY  M. STREET AND NUMBER  3. WEST  GAR SO. AVENUE  1. WAS DECEDENT STRESS OF DECEDENTY  1. MARTIA, STATUS  1. MARTIA, STATU							

31. DATE FILED (Month, Day, Year)
OCT 0 2 1991

Julia Davidson-Randell

The selection of the second of Salid resolver with the was a prosent and a last perpulsion of the

or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
at Alledella Locali	a DATE O	COCATU O

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - STATE CERTIFICATE OF DEATH REG. NO.							
104	1. DECEDENT'S NAME (First, Middle, Last)	layla 1aylor				2. DATE OF DEATH OF MONTH	30/91 30 5	
	4. SOCIAL SECURITY NUMBER  218 60 3908  9a. FACILITY NAME (If not institution, give a	1 M 2 F 7	8 YRS.	F UNDER 1 YEAR NONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS. HOURS MIN.  PR LOCATION OF DE		C	RTH CAROLINA  OF DEATN
TOR	Maryland Gener	al Hospital			Baltimor	e City		
DIRECTOR	100. STATE 10b. COUNT MARYLAND BAI	LTIMORE	2200	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES 2 NO
	100. STREET AND NUMBER 3928 SADIE ROAD		·····		ZIP CODE		U.S.	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerlo Ricen, etc.)	or No- 14. 1	Black, White, etc.  BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A		16a. DECEDENT'S U (Give idnd of wo life. Do NOT use COOK	vk done durina mo	DN st of working	166. KIND OF BUS		RY
BE COM	17. FATNER'S NAME (First, Middle, Leet) CHARLIE GREGORY				18. MOTHER'S NA MATTI	ME (First, Middle, Maiden E BULLOCI		
TO E	19a. INFORMANT'S NAME (Type/Print)  MR. MICHAEL TAYLO	OR, SR.				City or fow		
	20a METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	novel from State	PLACE OF DISPOSI other place) BUTUS MEN	ORIAL I	ARK 10/	5/91 BALT	CATION — City	MD. BALTO.CO.
	21. SIGNATURE OF FUNDAM SERVICE LI		ynn	LEWIS	T. GWYNN	FUNERAL I	HOME 21	215-6393 RE,MARYLAND
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cardio DUE TO (OR AS A DUE TO (OR AS A C.	ach line.	ay o	,			Approximata Interval Between Onaet and Death
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	ne contributing to death b	out not reaulting in	the underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATN (Ch	eck only one)		
BY PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	15 inpatient 2 ER/Out	patient 3 DOA DOA 28b. TIME INJU	OF 28c. IN.	IURY AT ORK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE NOW	INJURY OCCUR	EO
	2 Accident Investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, st	reet, factory, offic	a	261. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
COMPLETED	torious oray	SICIAN: To the best of my know IER: On the basis of examination						use(a) end manner as stated.
8	296. SIGNATURE AND TIPLE OF CERTIFII	in M	)		29c. LICENSE NUI			GNED (Morth, Day, Year)
5	36. NAME AND ADDRESS OF PERSON W Malcolm G.	WILKING	m,D	Print)	May la	rd Gene	ul H	spital
	31. DATE (1) CP (100 (1) 22 11991	ALATE DAMES	Mondale					c .

TO THE MISSION OF VITAL RECORDS, P.O. BOA 68700,  TO THE MISSION OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed-width, 22 plaus after death with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		20040
	1. DECEDENT'S NAME (First, Middle, Last)	Samuel 3			DEATH	2. DATE OF OEATH		3. TIME OF DEATN
	SAMUEL	JR.	VAI	UGHN		09 28		AR
	4. SOCIAL SECURITY NUMBER	V	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8,1	BIRTHPLACE (State or Foreign
	18-62-3989	1 × 1 ≥ 1 3 5	YRS.	IONTHS DAYS	HOURS MIN.	8-9-56		Va.
œ	9a. FACILITY NAME (If not institution, give a			Db. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	IN FRONT OF 63	31 TOONE S	TREET	BALT	IMORE		BAL	TIMORE
REC	10a. STATE 10b. COUNT	Υ	10c, CITY,	TOWN OR LOCA				10d. INSIDE CITY
	MD			BALTIN	10 R E			1 X YES 2 NO
AAL	100. STREET AND NUMBER	CIDELL		101	21213			OF WHAT COUNTRY?
NE	2517 E. CHASE							.S.A.
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [V] YES IF YES, GIVE WAR OR DA	2 , NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:		RACE — American Indien, Black, White, atc. Specify: BLACK
8	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	SUAL OCCUPATION done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUST	
LE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	at or working			
COMPLETED	12 TH  17. FATNER'S NAME (First, Middle, Last)		UNEMPLOY	EU				
	SAMUEL AUSBY					ME (First, Middle, Maiden		
BE (	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street a				al .
2	CELESTINE VAU	GHN	2517	E. CH	ASE ST.	PALTIMO	RE, M	D 21213
	20g. METNOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND OATE OF etery, cremetory or other OSHELL	DISPOSITION (No	me of	DATE 20c. LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	USHELL		D ADDRESS OF FA		LIIMU	RE, MD
	> Gladen	1000		WM.C	.MARCH	F.H./110	1 E.	NORTH AVE.
	23. PART I. Entar the diseases, of	complications that caused	the deeth. Do not					
	IMMEDIATE CAUSE (Finel	List Dnly Dna cause Dn as	ich lina.	/				Interval Between Onset and Death
	disease or condition resulting in dasth)	. Jun	shot	10	mind	d Ba	CA.	
		SE TO (OR AS A	CONSEQUENCE OF):		1	1		
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF):			6		
CAT	if sny, leading to immediate cause. Enter UNDERLYING							
Ē	CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
Ä	resulting in deeth) LAST	d						
	PART II. Other significent condition	s contributing to deeth be	it not resulting in	the underlying	cause given in	Pert i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH?
ä								
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IYS	1 🖾 YES 2 🗌 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpo	itlant 3 DOA 4	☐ Nursing Hom		1-1-11		STREET
4	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DEŞCRIBE NOW II		D
	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE OF INJURY	99110:5		ES 2 X NO	SUBJECT		
	4 Homicide 8 Could not be determined	PUBLIC S	ry)	at, tationy, othics		28f. LOCATION (Street a City or Town, State)		
Ä	29e. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my knowle		of the time date	and place, and due	TOONE ST		BALTIMORE,
COMPLETED	one) a MEDICAL EXAMINE	R: On the basis of exemination	and/or investigation,	in my opinion, de	eth occured at the	time, data and placa, and	dua to the cau	IARYLAND
BEC	294 SIGNATURE AND TITLE OF CERTIFIES	241	-		29c. LICENSE NUM	ABER .	29d. DATE SIG	NED (Month, Day, Year)
10	-traf	Je XI	a		O.C.M	.E.	▶ 09/	29/1991
	SO HAME AND ADDRESS OF PERSON WITH	ded						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		STREE	r BALT	IMORE, M.	ARYLAN	ID 21201
	OCT 02 1991	This Saidans &	O					
السا	101 101	The Markets of	rand 100					

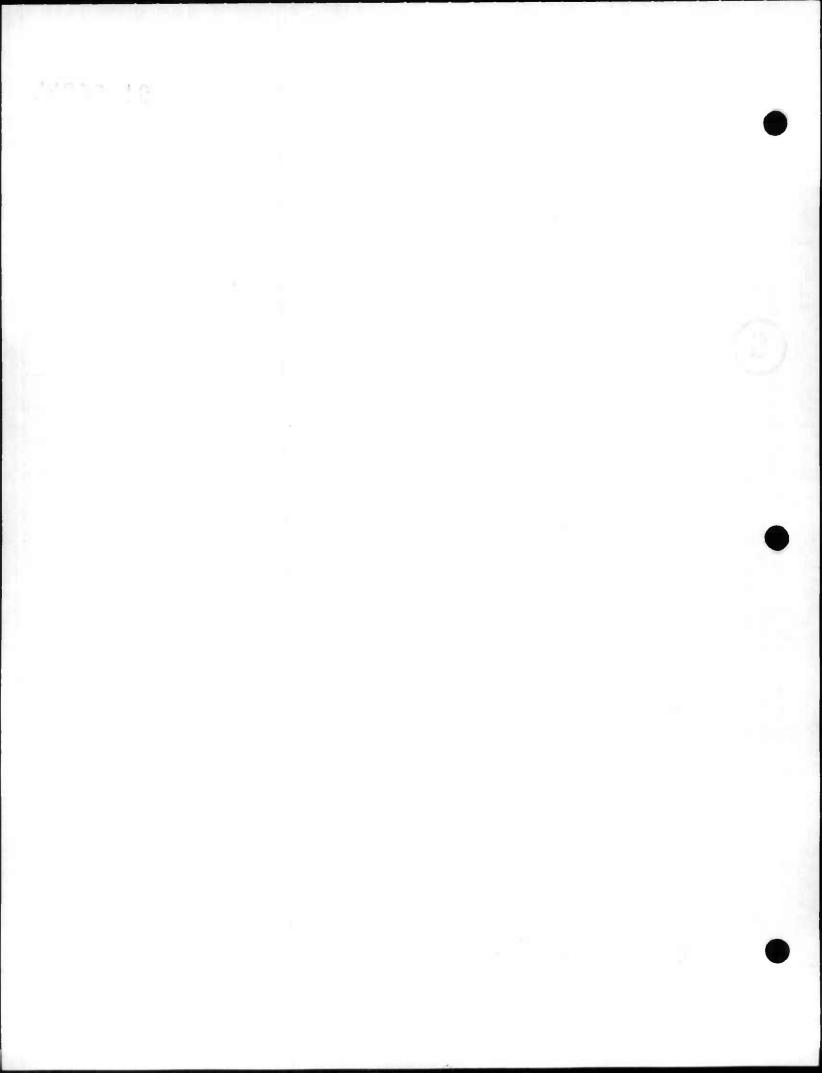
F 500

22771 50

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21214-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed from the funeral director, page 5 should be detailed from the funeral director.	tion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar much he notified at once
BOX 68760,	ate be executed within	ysician and completel	prior to burial, crema	r traumatic event.
RDS, P.O. I	at the death certific	by the attending ph	and Mental Hygiene	v injury, or other
AL RECOI	he law requires that	has been signed	e Dept. of Health a	m 23 shows an
ON OF VIT	DING PHYSICIAN: T	After this certificate	death with the Stat	marked, or ite
DIVISI	E HOSPITAL OR ATTENI	E FUNERAL OIRECTOR:	d within 72 hours after	RTANT: If item 28 Is
	TO TH	HT OT	be file	IMPO

Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DI	EPARTMI TIFICA	NT OF H	EALTH AI	ND MEI	NTAL HYGIEN	9	1 26844
	1. DECEDENT'S NAME (First, Middle, Les VERNO)		WIC	Н		7,		DATE OF DEATH	91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  216-32-0031  9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗀 F	AGE (In yrs. lest bir	YRS. MONT			III.	OATE OF BIRTH (Month, Day, Year) 3 -27	C	NATHPLACE (State or Foreign country) ARYLAND
TOR	ST. AGNES HOSP					ORE C			9c. COUNTY (	OF DEATH
DIRECTOR	MARYLAND 10b. COUN	TY		BALTI	VN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2104 RAMSAY S			10f. ZIP CODE 21223					10g. CITIZEN (	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	ì	If yes, spe	ENDENT OF H celfy Cuban, M 2 XNO S	laxican, Pu	RIGIN? (Specify Yes erto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S ET (Specify only highest gre Elementary/Secondary (0-12) 3-RD GRADE  17. FATHER'S NAME (First, Middle, Lest)	OUCATION de completed) College (1-4 or 5+)	(Give k	kind of work done during most of working b NOT use retired.)				NOVELTY	'GROCER	Y
BE	GEORGE CA	RL WICH				KAT	[HER]		K	
5	ALBERTA ASH			104 RA	AMSAY	STREET	Γ,BAI	Number, City or Town	MD. 2	1223
	1 XBuriel 2 Cremation 3 Ra 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		LOUDON 1	PARK N	AUSOL	EUM D AOORESS C	1 OF FACILIT	0-2 BALT		MARYLAND
	23. PART I. Enter the diseases, or	complications that c	Nes death		107 W	ILKENS	AVE	FUNERAL BALTIM	ORE. MI	D. 21229
	ahock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	a. Men	on each line.  Fastat  As a consequent	c' C	0	ucin			atory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	AS A CONSEQUEN							
PHYSICIAN: MEDICAL CI	PART II. Other significent condition  Carage Tive  S. WAS CASE REFERRIED TO MEDICAL	theat		gather for	lus.			FERFORS 1 ☐ YES 2 (	AED?	24b. WERE AUTOPSY FRIDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
B	EXAMINERT 1 YES 2 NO  27. MANNER OF DEATH 1 Netural S Pending Investigation	EXAMINER!  1 PES 2 NO  HOSPITAL: 1 opations 2 ER/Outpatient 3 DA  A Marriag Home 5 Residence 6 Other (Specify)  MANNER OF DEATH  2 Se. INJURY  MORK?  MONT. Dej. Visc)  M 1 VES 2 NO  1 VES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO								
COMPLETED	3 Suicide 4 Homeside 5 Could not be determined  29a. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and dus to the cause(s) and manner as stated.									
H H	2 MEDICAL EXAMIN  29b. SIGNATURE AND TYTE OF CERTIFIE	IER: On the bests of exami	Ination and/or invest	tigation, in m	ny opinion, de	ath occured at 29c. LICENSE	t the time,	data and place, and	dua to the caus	Se(s) and menner as stated.
TO	30. NAME) AND ADDRESS OF PERSON W  CLO  The state of the	32, REGISTRAM	F DEATH (ITEM 27)	(Type, Print)	00 (	Pato	n	Ave	1	-11/
	OCT II 6 1991 3	may wanters								



	2	
	within 2	
	executed	
	8	
	certificate	
	death	
1	the	
!	hat	
	requires t	
	MP	
	The	
	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mo	
	<b>TENDING</b>	
	R AT	
	TALD	

rege of may be retained by the mospital of attending projection.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	xaminer must be notified at once.
IL DR ALIENDING PHYSICIAN. THE LAW REQUIRES LINE UP DESCRIPTION OF DESCRIPTION OF THE LAW RESIDENCE OF THE LAW RECEIVED IN STREET OF THE LAW RECEIVED IN STR	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 2 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	l Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	EDRGE U	UALDE			9 9	AR / 3. TIME OF DEATH AM	
	4. SOCIAL SECURITY NUMBER 477-14-0013	1 🕅 M 2 🗆 F 67	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 2, 19		BIRTHPLACE (State or Foreign Country) LINNESOTA
TOR	9a. FACILITY NAME (If not institution, give s FALLSTON GEA RESIDENCE OF DECEDENT	DERAL HOSP			LSTON OF DE	ATH	9c. COUNTY	OF DEATH RPORD
DIRECTOR	10a. STATE 10b. COUNT	Harford	10c. CITY,	TOWN OR LOCAT	Bel	Air		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	F Iron Bark	Ct.	101	ZIP CODE 210	15	10g. CITIZEN	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYPES GIVE WAR OR D. 1942-1946	N U.S. ARMED 2 NO ATES	If yes, sp		IIC ORIGIN? (Specify Ya n, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT use	k done during mo retired.)	st of working	16b. KIND OF BU		
COMP	12 VTS. 17. FATHER'S NAME (First, Middle, Last)		Manager	Mail H	16. MOTHER'S NA	ME (First, Middle, Maider		`Md. Hospital
TO BE	19a. INFORMANT'S NAME (Type/Print)	George T.	19b. MAILING A		nd Number or Rural I	POUT Poute Number, City or Tov		*
	Mrs. Jane I. Wal	200	other place)	ION (Name of cer	netery, cremetory or	Bel Air, Memetery Re	OCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		Garu	22. NAME AI	D ADDRESS OF FA	E.F.La	ssahn F	uneral Home Md. 21087
1	23. PART i. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one ceuse on e	ech line.	t enter the mo	de of dying, suc	h es cardiac or reap		
	disease or condition resulting in death)	DUE TO (OR AS	COLOV (	n Srilla	hcc			minutes
CERTIFICATION	Acute Pulmonory Edema 1						1 hour	
PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition	d,her algnificent conditions contributing to death but not resulting in the underlying cause given					N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. IN.	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,	
COMPLETED	one)	SICIAN: To the best of my know						ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTURE	is Sma	~ mi	>	29c. LICENSE NU		29d. DATE SI	IGNED (Month, Day, Year)
T0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, I	Hra HHra	Cory A	tve Be	1A10	m1) 210/4
	31. DATE OF THE MOTH 27 1991	32. REGISTRAR'S SIGN	April 18		0			

	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
(8)	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISSIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) FRANK	SAMUEL	WI	HEELER	Jr	2. DATE OF OEATH MONTH September	24.	YEAR 199	3. TIME OF DEATH  1 3:20 a
4. SOCIAL SECURITY NUMBER 578-54-1751	1 🔀 M 2 🗆 F	i. AGE (In yrs. lest 48	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 2/23/43			PLACE (State or Foreign
98. FACILITY NAME (If not institution, give to Doctors Commun RESIDENCE OF DECEMENT		tal	9b. Ci	ty, town or Location of Lanham	DEATH		nce (	George's
DC 106. STATE 10b. COUNT	Υ			or Location Lington				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1632 6th St NW				101. ZIP CODE 20001	20172	10g. CIT		HAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XIN		3. WAS DECENDENT OF HIS If yes, specify Cuben, Mes 1 YES 27 NO Specific Cuben	icen, Puerto Ricen, atc.)	s or No-	Black	American Indian, White, etc.
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  12th Grade  17. FATHER'S NAME (First, Middle, Last)  Frank Samuel Whe	College (1-4 or 5+)	/Gh/	Do NOT use retired	Dloyed  18. MOTHER'S	16b. KINO OF BU	Surname)	DUSTRY	
19e. INFORMANT'S NAME (Type/Print)				SS (Street and Number or Rui		vn, State, Zip		
Sadie Wheeler (V	Vife)	2	504 Que	ens Chapel	Rd , Hyatts			
TV Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		Harmon	y Memor	ol lo	9/30/91 Lane			wii, Gibie
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			2. NAME AND ADDRESS OF	FACILITY			C- T
Juan	mill		2:	2. NAME AND ADDRESS OF 3015 12th St	John NE, DC 200	T Rh	ines	Co., Inc
23. PART / Enter the diseases, or shock, pr heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sry, leading to immediate	muldications that c	R AS A CONSCOL	oth. Do not enter tong uence of:	2. NAME AND ADDRESS OF 3015 12th Steet the mode of dying, a	John NE, DC 200	T Rh	ines	Approximate Interval Between
23. PART / Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	complications that collections that coll	R AS A CONSCOL	DENCE OF):	2. NAME AND ADDRESS OF 3015 12th Step the mode of dying, so  faulther yadrone	John NE, DC 200	T Rh 017 Irstory ari	rest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I Enter the diseases, or shock, pr heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if srry, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  PART II. Other eignificent condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DOMPLICATIONS THAT COMPLETE COMPRISE TO COLOR TO	R AS A CONSEOU	DENCE OF):	2. NAME AND ADDRESS OF 3015 12th Street the mode of dying, a  fault the mode of dying, a  graph the mode of dying,	John NE, DC 200 uch as cerdled or resp  In Part I. 24e. WAS AN PERFOR	T Rh 017 Irstory ari	rest,	Approximate Interval Betw. Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I Enter the diseases, or shock, pr heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  PART II. Other eignificent condition	DOMINION THAT COMPILE AND A CONTROL OF TO (OI ACCOUNTY)  B. DUE TO (OI ACCOUNTY)  DUE TO	R AS A CONSEOL  R AS A CONSEOL	DENCE OF):  Builting in the total poor injury injury in the total poor injury in the total poor injury in the total poor injury in the total poor injury	2. NAME AND ADDRESS OF 3015 12th Sign of the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying and dyi	John NE, DC 200 uch as cerdled or resp  In Part I. 24e. WAS AN PERFOR	T Rh 017 AUTOPSY RMED?	rest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART   Enter the diseases, or shock, pr heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  PART II. Other eignificent condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	DOMINION THAT COMPILE AND A CONTROL OF TO (OI ACCOUNTY)  B. DUE TO (OI ACCOUNTY)  DUE TO	R AS A CONSEOU	DENCE OF):  Builting in the total pool of the contr	2. NAME AND ADDRESS OF 3015 12th Sign of the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying and dyi	John NE, DC 200 uch as cerdiec or resp  In Part I. 24e, WAS AN PERFOR 1 YES 2	T Rh 017 Irstory are AUTOPSY MMED? AUTOPSY MACON NJURY OCC	24b.	Approximate Interval Betwoonset and De Onset and De

Doce

2:00 to

1. DECEDENT'S NAME (First, Middle					F DEA		HE	G. NO.			
				rnard	Wingi:	rela	MONTH	DAY	,	3. TIME OF DE	ATH
EDWARD  4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. I					9/20		11	1:34	A
215-03-3351 9a. FACILITY NAME (If not institution	1 M 2 🗆 F		YRS.	MONTHS DA	rs Hours		7. DATE OF BII (Month, Day, 07/28	Year)	2	BIRTHPLACE (State or Country Marylar	Foreign 1d
Good Samarit	an Hospita	1		ALC: THE RESERVE	n or local ltimo:		EATH /		City	Y OF DEATH	
	COUNTY		10c. CIT	Y, TOWN OR L	CATION		3			10d. INSIDE CIT	TV .
Maryland 100. STREET AND NUMBER	City		E	Baltimo						LIMITS?	
					101. ZIP COI	DE		1	log. CITIZE	N OF WHAT COUNTRY?	
6012 Walther	Avenue	NT EVER IN U.S. A	BMED	Las una	212					S.A.	
1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	1 YES 2 X	NO	If yes	, specify Cub YES 2 NO	an, Maxica	NIC ORIGIN? (Spe an, Puerto Ricen, fy:	cify Yes or alc.)	No- 14	Specify: White	llan,
15. DECEDENT (Specify only higher	'S EDUCATION	16a. D	DECEDENT'S	USUAL OCCUP	ATION		16b, KIND	OF BUSIN	ESS/INDUS	TRY	_
Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during se retired.)  Onary E					Corp		500
17. FATHER'S NAME (First, Middle, L	ast)			2			AME (First, Middle,				
Edward B. Wi	ngfield						Mills				
19a. INFORMANT'S NAME (Type/Prin							Route Number, City			ode)	
Sandra A. Wi	ngfield						Baltimo			21206	
20a. METHOD OF DISPOSITION 1X Duriel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specific	y)	cemetery, cr	rematory or o				DV DT			y or Town, State , MD .	
21. SIGNATURE OF FUNERAL SERV	D. Depl	20 97		22. NAM	PPEL	FUL	JERAL,	4011	E	200 10 2 2 2 2	7.12
IMMEDIATE CAUSE (Finel		use on each iin	laeth. Do r ie.	not enter tha	mode of dy	/ing, suc	th as cardiac or	r respirate	ory srrest	interval E	nata Batwe
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO DUE TO	AR DIO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	PUL EQUENCE OF	MON	ARY	ying, suc	ARRE	ST	ory strest	Approxin interval E Onset an	nata Batwe
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant cor	b. Pul Due To Du	AR DIO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	PUL EQUENCE OF MY EQUENCE OF POURICE OF POUR	HOND ed ocas in the underly The	ARY emo	given in	ARRE Infan Part t. 24e. y	ST cti	OP)	Approxin interval E Onset an	Pata Batwer of Dag
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dieease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant cor	b. DUE TO DUE TO C. DUE TO d.  d.  CAL HOSPITAL: X Inpettent 2	AR DIO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	PUL EQUENCE OF MULEOUENCE OF M	MON  in the under  The control of th	ring cause	given in	Part t. 24a. V p 1 ceck only one)	ST  CTI  WAS AN AUTHERFORME YES THE TOTAL	OVA	24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?	Parts Satweet of Dag
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant cor  PART II. Other eignificant cor  25. WAS CASE REFERRED TO MEDIE EXAMINER?  1 YES SO NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO  DUE TO  d. DUE TO  d. DUE TO  A DUE TO  DUE TO  CAL HOSPITAL:  Impetent 2  28a. DATE Of (Month, 1)	AR DIO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	PUL EQUENCE OF MY EQUENCE OF POURICE OF POUR	n the underly Scale of Hursing 1 28c.	ring cause  PLACE OF C  INJURY AT  WORK?	given in	ARRE  Infan  Part t. 24a. V p  1 ceck only one)	ST  CTI  WAS AN AUTHERFORME YES THE TOTAL	OVA	24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?	Pata Batwer of Dag
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant cores of the cause of the condition of the cause of the	a.  DUE TO  DUE TO  C.  DUE TO  d.  diditione contributing to  ST CAL  HOSPITAL: Inpetent 2  CAL  HOSPITAL: Inpetent 2  CAL  28e. PLACE outliding to  Due To  A.  28e. PLACE outliding to  Due To  A.	AR DIO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	PUL EQUENCE OF MAY FOURNCE OF TOURNCE the underi	ring cause  PLACE OF COMMENT  INJURY AT  WORK?	given in	Part t. 24a. V P 1 Deck only one)  8 Other (Special 28d. DESCRIBE	ST  VAS AN AUTHERFORME  YES  Ty)  HOW INJU	OPSY D?	24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?	Protesta Batweed Dan Protesta Batweed Dan Protesta Batweed Dan Protesta Batweed Batwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant cor  PART II. Other eignificant cor  25. WAS CASE REFERRED TO MEDI- EXAMINER?  1 YES 10 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investig 3 Suicide 6 Could a detarmic Check only  29a. CERTIFIER (Check only)	a.  DUE TO  DUE TO  C.  DUE TO  d.  diditione contributing to  DUE TO  d.  PARTICIAN:  CAL  HOSPITAL:  Inpet Date  (Month, Indeed, Indeed)  28e. PLACE of building  PNYSICIAN: To the best of a	AR DIO O (OR AS A CONSE	POLLEGUENCE OF SECURICE OF SEC	m the undering the control of the co	ring cause ring cause	given in	Part t. 24a. V P 1 Deck only one)  8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown) to the cause(a) at time, data and place.	ST CTT CTT CTT CTT CTT CTT CTT CTT CTT C	TOPSY D? NO RY OCCUR Number or It	24b. WERE AUTOPSY FAMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	nata Satwe d Das note note note note note note note note
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant conditions in deeth LAST  PART II. Other eignificant conditio	b. DUE TO DUE TO C. DUE TO d.  Additione contributing to ST EAT  A CAL HOSPITAL: Inpettent 2  28a. DATE Of (Month, I) ation 28b. PLACE of building PNYSICIAN: To the best of a	AR DIO O (OR AS A CONSE	POLLEGUENCE OF PENETRO	m the underi	ring cause ring cause	given in  DEATH (Chi asidenca	Part t. 24a. V P 1 Deck only one)  8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown) to the cause(a) at time, data and place.	ST CTT CTT CTT CTT CTT CTT CTT CTT CTT C	TOPSY D? NO RY OCCUR Number or It	24b. WERE AUTOPSY FAMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	nete Satwe d Da  P  I  I  I  I  I  I  I  I  I  I  I  I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificant continuity in the continuit	DUE TO DU	AR DIO O (OR AS A CONSE	POLLEGUENCE OF PENETRO	m the underi	ring cause ring cause	given in  DEATH (Chi asidenca	Part t. 24a. V P 1 Deck only one)  8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown) to the cause(a) at time, data and place.	ST CTT CTT CTT CTT CTT CTT CTT CTT CTT C	TOPSY D? NO RY OCCUR Number or It	24b. WERE AUTOPSY FAMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	nata Batwa Batwa Image I

CAR DID PLLH OWARY ARREST hilmonary Cations Possible Myccondina Infanction Hotory of Silent Mycendial Injusting Tribon -- 1

2 1 1 0 0 1 0	91	2	6	8	4	8
---------------	----	---	---	---	---	---

	ERNEST WATSON	5	0		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	199	
	218-42-34/99 10 M2 OF	ALCOYRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	4	. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	14	9b. CITY, TOWN (	OR LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH
DIRECTOR	1400 blk. N. Bond Street		Balti	more			
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCAL				10d, INSIDE OTTY
DIA	MD		Bak	to.			LIMITE?
IAL	100. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	700 V. BELMONA			2122	4	(	USA
	11. MARTITAL STATUS  1 Never Married 2 Married FORCES? 1 YES	2 NO	If yes, sp	ecify Cubari, Mexico	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No 14	I. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR I	DATES	1 TES	2 NO Specify	r:	1	Specify: PLANES
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	S USUAL OCCUPATION Work done during mo	ON set of working	16b. KIND OF BUS	INESS/INDUS	STRY
LET	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	WE MY	06	2		
COMPL	17. FATHERIA MIRINE (First, Middle, Last)	0	ne my	200			
S	Letoy Watson			16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	rc
00	190. INEORMANT'S NAME (Type/Print)	19b. MAILING	O AODRESS (Street a	and Number or Rural F	Poute Number City or Town	, State, Zia Co	ode) 3/22
은	FeLICIA Senkins	12	03 E.	./1 . 6	vertexe	An	e,00/23/
	20e. METHOD OF DISPOSITION 1 Comments 3 Removal from State Cer	b. PLACE AND DATE	OF DISPOSITION (Na	ame of	OATE 20c. LOC	ATION - City	y or Town, State
	4 □ Donation § □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE CICENSES	metery, gramitory of	PPA 3	Har	Ca	inno	11es rna
	· la ahl hio.		22. NAME AN	ADDRESS OF FAC	FI. 16	5391	N.
-	23. PART I. Enter the diseases, or complications that cause		Mark	A KNEW	elc. //+ -		2dway 212
	IMMEDIATE CAUSE (Fine)	ech line.	not enter the mo	de of dyling, aucl	ss certilec or reepli	ratory erres	Interval Betw
FICATION	IMMEDIATE CAUSE (Fine) dieeese or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury	A CONSEQUENCE O	ofusur	ds of dying, auci	Backenel	leg	Interval Betw
ERTIFICATION	IMMEDIATE CAUSE (Fine) dieeese or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury	A CONSEQUENCE O	ofusur	ds of dying, auci	Backard	leg	Interval Betw
	IMMEDIATE CAUSE (Fine) dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE O	or:	ds of	Backene	l leg	Interval Betw Onaet and Do
MEDICAL	IMMEDIATE CAUSE (Fine) dieeese or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	A CONSEQUENCE O	or:	ds of	Backene	leg	Interval Betw Onaet and De Onaet and De 24b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO
MEDICAL	IMMEDIATE CAUSE (Finei dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d	A CONSEQUENCE O	OF):  OF):  In the underlying  28. PL	ds of	Part I. 24a, WAS AN / PERFORM	leg	24b. WERE AUTOPSY FINOR AWALABLE PRIDE TO COMPLETION OF CAUS DF 0EATH?
MEDICAL	IMMEDIATE CAUSE (Fine dieses or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d	A CONSEQUENCE OF A CONS	OF):  In the underlying  26. PL	ds of	Part I. 24a. WAS AN PERFORM 1X YES 2	leg	24b. WERE AUTOPSY FINDS AWALABLE PRIDE TO COMPLETION OF CAUS
PHTSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine diesese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. D. DUE TO (OR AS A d. D. D. D. D. D. D. DUE TO (OR AS A d. D. D. D. D. D. D. D. D. D. D. D. D. D.	A CONSEQUENCE OF A CONS	OF):  OF):  In the underlying  28. PL  OTHER: 4   Nursing Homi	g couse given in l	Part I. 24a. WAS AN PERFORM 1X YES 2	leg	24b. WERE AUTOPSY FINDH AWALABLE PRIDE TO COMPLETION OF CAUS DF OCATHY 1 YES 2 NO
DT PHTSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS //  DUE TO	A CONSEQUENCE OF A CONS	DF):  In the underlying  28. PL  OTHER: 4   Nursing Homm  AE OF   28c. INJ  UNRY   WO  9 pM   1   Y	G couse given in	Part I. 24a. WAS AN / PERFORM 1 YES 2  Cok only one)  B Other (Specify)  28d. DESCRIBE HOW IN  Subject	AUTOPSY MEO?  On S  JURY OCCUR  Shot	24b. WERE AUTOPSY FINDER AWALASIE PRIDE TO COMPLETION OF CAUS DF OEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A  DUE TO	A CONSEQUENCE OF A CONS	DF):  In the underlying  28. PL  OTHER: 4   Nursing Homm  AE OF   28c. INJ  UNRY   WO  9 pM   1   Y	G couse given in	Part I. 24a. WAS AN / PERFORM 1X YES 2  CK only one)  B Other (Specify)  28d. DESCRIBE HOW IN  Subject  281. LOCATION (Street as City or Town, State)	NO On STUURY OCCUR	24b. WERE AUTOPSY FINDH ANALABLE PRIDE TO COMPLETION OF CAUS DF 0EATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finei dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d. D	A CONSEQUENCE OF A CONS	DF):  DF):  In the underlying  28. PL  OTHER: 4   Nursing Hom  AE OF   28c. INJI  UNIV   WO  9 PM   1   Y  strael, factory, office	g couse given in	Part I. 24a. WAS AN / PERFORM 1 X YES 2  CK only one)  8 Yother (Specify) 28d. DESCRIBE HOW IN Subject 281. LOCATION (Street as City or Town, State) 1400 blk	NUTOPSY MEO?  ON S.  JURY OCCUR Shot	24b. WERE AUTOPSY FINDR ANALASE PRIDE TO COMPLETION OF CAUS DF GEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A d. D	A CONSEQUENCE OF A CONS	DF):  DF):  DF):  In the underlying  28. PL  OTHER: 4   Nursing Hom  ME OF   28c. INJI  JURY   WO  9 PM   1   Y  streel, factory, office	g couse given in	Part I. 24a. WAS AN / PERFORI 1 X YES 2  CK only one)  8 Yother (Specify)  28d. DESCRIBE HOW IN Stubject 2  281. LOCATION (Street as City or Town, State)  1400 blk.  to the ceuse(s) and many	NUTOPSY MEG?  NO  On S  JURY OCCUR  Shot  No  ner as stated.	24b. WERE AUTOPSY FINDER ANALASIE PRIDE TO COMPLETION OF CAUS DF GEATH? 1 YES 2 NO  Treet  Rural Route Number,  Bond Stree
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A D	A CONSEQUENCE OF A CONS	DF):  DF):  DF):  In the underlying  28. PL  OTHER: 4   Nursing Hom  ME OF   28c. INJI  JURY   WO  9 PM   1   Y  streel, factory, office	g couse given in	Part I. 24a, WAS AN / PERFORI TYPES 2  ECK only one)  8 Mother (Specify)  28d. DESCRIBE HOW IN State at City or Town, Street at City or Town, Street at Location (Street at City or Town, State)  1400 blk.  to the cause(s) and mentilme, defe end place, end	NUTOPSY MEO?  ON S  JURY OCCUR  Shot  No  ner as stated.	24b. WERE AUTOPSY FINDIN AWAILABLE PRIDR TO COMPLETION OF CAUSE DF GEATH?  1 YES 2 NO  Treet  RURAL Route Number, Bond Stree  ause(s) and manner as stated
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) dieeese or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A  DUE TO	A CONSEQUENCE OF A CONS	OF):  OF):  In the underlying  28. PL  OTHER: 4   Nursing Home  AE OF  JURY  Street, factory, office  red at the time, date on, in my opinion, de	G ceuse given in  ACE OF DEATH (Che  5   Residence  URY AT RKY (ES 2   NO  end place, end due esth occured st the	Part I.  24a. WAS AN I PERFORM  1 YES 2  25ck only one)  8 **Other (Specify)  28d. DESCRIBE HOW IN  Subject  26f. LOCATION (Street at City or Town, State)  1400 blk.  to the cause(s) and mentilme, date end place, end  BER	NUTOPSY MEO?  ON S  JURY OCCUR  Shot  No  ner as stated.	24b. WERE AUTOPSY FINDER ANALASLE PRIDER TO COMPLETION OF CAUS DF GEATH? 1 YES 2 NO  Treet  Rural Route Number,  Bond Stree

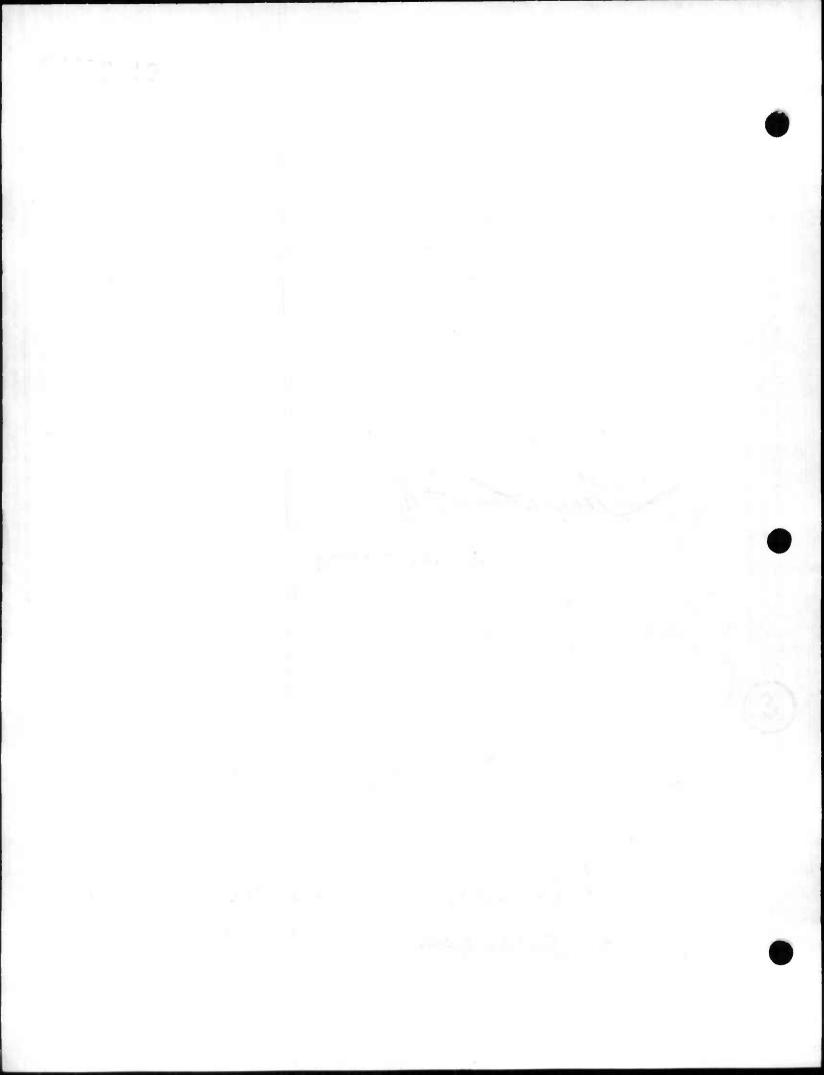
BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

t i

examiner must be notified at once.  TO BE COMI	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certification is a common of the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Durk Common of the State Durk
r death. Page 5 may be retained by the hos,	IO THE MOSTIAL ON ALLENDING PHYSICIAN:

	1. DECEDENT'S NAME (First, Middle, Last	1)		CERTIF					E OF DEATH	D		3. TIME OF DEATH
	ANNA T. YOX							1 (	) (	01	91	11:11A
	4. SOCIAL SECURITY NUMBER 214-01-3209	5. SEX	6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1	DAYS HOUR	DER 24 HRS. 8 MIN.	(Mor	E OF BIRTH oth, Day, Year)	1006	Count	HPLACE (State or Foreign try)
	Se. FACILITY NAME (If not institution, give				9b. CITY,	TOWN OR LOC	ATION OF E	EATH	LL 20,		MAI	RYLAND DEATH
Silve Colonia	ST. AGNES HOSPIT	AL			BAL	TIMORE						
	10a. STATE 10b. COUN	TY		10c. CIT	TY, TOWN OF	R LOCATION						10d, INSIDE CITY
	MARYLAND BAL	TIMORE			BALT	IMORE						LIMITS?
	10e. STREET AND NUMBER	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				101. ZIP C						WHAT COUNTRY?
	715 MAIDEN CHOIC						21228				J.S.A	A.
	1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	11	MS DECENDEN yes, specify Co	iben, Maxic	an, Puarto	IN? (Specify Ye Rican, etc.)	s or No-	Blac	E — American Indian, k, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	1	ISa. DECEDENT'S	work done di-	CUPATION uring most of wo	rkina	16	b. KIND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5	+)	BEAUTI(	se retired.)	and those of the	any .		SELF-E	MPLOY	ZED	
	17. FATHER'S NAME (First, Middle, Last) MICHAEL WIST					18. M	THER'S NA	AME (First, A SC	Middle, Malder HLEICH	Sumame) ER		
	19a. INFORMANT'S NAME (Type/Print) MARGARET M. McQU	AY		19b. MAILING 23762	MT. H	(Street and Num PLEASA)	Der or Flurai	NDIN	nber, City or You G CIRC	un, Stete, Ziç LE,SI	Code)	CHAELS MD
	20a, METHOD OF DISPOSITION 1 Department 2 Cremelion 3 Res	movel from State		LACE AND DATE	OF DISPOSIT			OA"		CATION -		
ŀ	4 Oonetion 5 Other (Specify)	ICENSEE	LAK	ÉVIEW (	CEMETE			10/	4 SY	KESV1	LLE	
	21. SIGNATURE OF FUNERAL MAYICE L	ICENSEE	LAK	EVIEW (	PEMETE 22. N/ HUI	BBARD	FUNER	AL H	OME IN	ic.		
	21. SIGNATURE OF FUNERAL SOURCE L	complications the	LAK	EVIEW (	PEMETE 22. NO HUI 410	AME AND ADD BBARD 07 WIL	FUNER KENS	AVEN	OME IN	IC.	r as	MD. 21229
		complications the	it caused to	EVIEW (	22. No HUI 410 not enter ti	AME AND ADD BBARD 07 WIL	FUNER KENS	AVEN	OME IN	IC.	r as	MD . 21229 Approximate interval Betwee Onset and Dea
	21. SIGNATURE OF FUNERAL SUNICE L  23. PART I. Enter the diseasea, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the Liet only one cau  B.  DUE TO  DUE TO  C.	It caused to see on eec of (OR AS A CO)	he deeth. Do in line.	22. N/HUI 410 not enter ti	AME AND ADD BBARD 07 WIL	FUNER KENS	AVEN	OME IN	IC.	r as	Approximata interval Between
	21. SIGNATURE OF FUNERAL SWICE L  23. PART I. Enter the diseasea, or shock, or heart failure immediate cause or condition reaulting in death)  Sequenticity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	complications the Liet only one ceu  B. DUE TO  DUE TO  DUE TO  DUE TO	ILAK  Int caused to the control of the caused to the caused to the control of the caused to the caus	he deeth bo in hine. ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF O	22. N. HUI 410 not enter the Fig.	AME AND ADD BBARD 07 WIL; he mode of a	FUNER KENS dying, suc	ACLITY AL H AVEN	OME IN UE, BAI	IC. TIMOI	RE, ]	Approximata interval Betwee Onset and Dea
	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the Liet only one ceu  B. DUE TO  DUE TO  DUE TO  DUE TO	ILAK  Int caused to the control of the caused to the caused to the control of the caused to the caus	he deeth bo in hine. ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF O	22. N. HUI 410 not enter the Fig.	AME AND ADD BBARD 07 WIL; he mode of a	FUNER KENS dying, suc	ACLITY AL H AVEN	OME IN	IC. TIMOI iretory and	RE, ]	Approximata interval Between
	21. SIGNATURE OF FUNERAL SWICE L  23. PART I. Enter the diseasea, or shock, or heart failure immediate cause or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions	complications the Liet only one ceu  B. DUE TO  DUE TO  DUE TO  DUE TO	ILAK  Int caused to the control of the caused to the caused to the control of the caused to the caus	he deeth bo in hine. ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF O	22. N. HUI 410 not enter the Fig.	AME AND ADD BBARD 07 WIL: he mode of o	FUNER KENS dying, suc	ACILITY AL H AVEN The ne car	OME IN UE, BAI diec or reap	IC. TIMOI iretory and	RE, ]	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions aignificent conditions are successed.	complications the Liet only ons ceu  DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	I LAK  It caused to the control of t	he deeth. Do in hine. ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF O	PEMETE  22. N. HUI  410  410  F):  F):  OTHER:	AME AND ADD BBARD 07 WIL; he mode of a	FUNER KENS dying, suc	Part I.	OME IN UE, BAI diec or reap	IC. TIMOI iretory and	RE, ]	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	21. SIGNATURE OF FUNERAL SINCE L  23. PART I. Enter the diseasea, or shock, or heart failure immediate Cause (Final disease or condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions.	complications the Liet only ons ceu  a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpetient 28 286. DATE OF	I LAK  It caused to the control of the caused to the cause	TEVIEW (  The deeth, Do of the line.  TO ONSEQUENCE OF THE LINE OF	PERMETE  22. N. HUI  410  410  F):  OTHER: 4   Nursin  E OF   12:	AME AND ADD BBARD 07 WIL; he mode of a	FUNER KENS dying, suc	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MMED?	RE , ]	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	21. SIGNATURE OF FUNERAL SWICE L  23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequenticity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions in death aignificent conditions in the cause in the caus	Complications the Liet only ons ceu  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  In contributing to	I LAK  It caused to the control of the caused to the cause	TEVIEW (  The deeth, Do of the line.  TO ONSEQUENCE OF THE LINE OF	P:  OTHER: 4   Nursing E OF   20   20   20   20   20   20   20   2	AME AND ADD BBARD 07 WIL; he mode of a	FUNER KENS lying, successive of the successive o	Part I.	OME IN UE, BAI diec or reap	AUTOPSY MMED?	RE , ]	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	21. SIGNATURE OF FUNERAL SINICE L  23. PART I. Enter the diseasea, or shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequenticity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent conditions in the condition of the con	Complications the Liet only ons ceu  B. DUE TO  DUE TO	I LAK  It caused to the control of t	TEVIEW (  The deeth, Do in the deeth, Do	CEMETE  22. N. HUI  410  410  F):  F):  OTHER: 4   Nursin  E OF URY M	AME AND ADD BBARD 07 WIL; he mode of of	FUNER KENS lying, successive of the successive o	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	RE 1 Preat,	Approximata interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  11. Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined  199. CERTIFIER (Check only 1975)	Complications the Liet only ons ceu  B. DUE TO  DUE TO	I LAK  It caused to the caused	TEVIEW (  The deeth. Do in the deeth. Do	PEMETE  22. N. HUI  410  410  F):  F):  OTHER: 4   Nursing  E OF Murring  Murring  At the time	erlying cause  26. PLACE OF  BC. INJURY AT WORK?  1 YES 2  9, office	FUNER KENS Bying, success given in DEATH (Ch Residence	Part I.  28f. LOC City to the car	24a. WAS AN PERFOR 1 UYES 2  ATION (Street or Town, State)	AUTOPSY MMED?	24b.	Approximate interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	complications the Liet only ons ceu  a. DUE TO  b. DUE TO  c. DUE TO  d	I LAK  It caused to the caused	TEVIEW (  The deeth. Do in the deeth. Do	PEMETE  22. N. HUI  410  410  F):  F):  OTHER: 4   Nursing  E OF Murring  Murring  At the time	ame and add BBARD  O7 WIL; he mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of t	FUNER KENS Bying, successions  given in  DEATH (Ch Residence	Part I.  Part I.  28f. LOC.  City  to the cast	24a. WAS AN PERFOR 1 UYES 2  ATION (Street or Town, State)	AUTOPSY MMED?  In Ind Number as stated dies to the	24b.	Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	23. PART I. Enter the diseasea, or shock, or heart failure immediate cause or condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events reaulting in death) LAST  PART II. Other algnificent conditions and in the condition of the cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events reaulting in death) LAST  PART II. Other algnificent conditions and cause in the cause of the c	complications the Liet only ons ceu  a. DUE TO b. DUE TO c. DUE TO d. TO d. TO HOSPITAL: 1 Inpattent 2 28e. PLACE Of (Month, Duliding, D	ILAK  It caused to the caused	TEVIEW ( The deeth Do in the d	CEMETE  22. N. HUI  41 (not enter til  41 (not ente	ame and add BBARD  O7 WIL; he mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of t	FUNER KENS lying, successive given in DEATH (Ch. Residence	Part I.  Part I.  28f. LOC.  City  to the cast	24a. WAS AN PERFORM  1 YES 2  ATION (Street or Town, State)  use(s) and main and place, an	AUTOPSY MMED?  In Ind Number as stated dies to the	24b.	Approximate interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea



YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign

Virginia

4. SOCIAL SECURITY NUMBER

213-74-4063

9a. FACILITY NAME (If not institution, give street and number)

ALFRIEND

1 M 2 F

84

5. SEX

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

YRS.

ECTOR	RESIDENCE OF D	10b. COUNTY		10c. CITY, 7	OWN OR L	OCATION				10	d. INSIDE CITY	
	Md.	Balti	more Count	v						1	LIMITS?	
- 15	10e. STREET AND NUME			7 1		10f. ZIP CODE			10g. CITIZE		T COUNTRY?	
	6103 A11	wood Ct	. (Elkridg	e Estat	es)	2121	0			J.S.	Δ	
	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 1	Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS		NIC ORIGII en, Puerto	ORIGIN? (Specify Yes or No—  14. RACE — American Black, White, atc. Specify:  White it expecify:			Thite, atc.	
		DECEDENT'S EDUC		(Give kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY			
COMPLE	Elementery/Secondar 12		College (1-4 or 8+)	Homemaker					Housewife			
	John L.				18. MOTHER'S NA	Middle, Maiden Hunte						
	19s. INFORMANT'S NAM		ATTIE	19b. MAILING AL			nde)					
	Theodor		riend. Jr.	196. MAILING ADDRESS (Street and Number or Rural Route Number,							217	
	20a. METHOD OF DISPO	SITION	20b	PLACE AND DATE O	F OISPOSI	TION (Name	OAT	Balto	CATION — CI		State	
	1   Burlel 2   Cremetion 3   Removal from State of cemetary, crematory or other place) 4   Donetion 6   Other (Specify)										e City	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY											
	William R. Pava III Henry W. Jenkins & Sons F. H. 4905 York Rd. Balto Md. 21212											
MEDICAL CERTIFICATION		nditions, mediste RLYING injury	DUE TO (OR AS A	CONSEQUENCE OF):	INSEQUENCE OF):  Insequence of):  Insequ					WAS AN AUTOPSY PERFORMED?  YES 2 NO 24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH?  1 VES 2		
SICIAN	25. WAS CASE REFERRE EXAMINER?	ED TO MEDICAL	HOSPITAL:		THER:	26. PLACE OF DEATH (C	heck only o	one)				
HAR	1 TYES 2 NO		1   Inpatient 2   ER/Outp	atlant 3 DOA 4	☐ Nursing	g Home 5/3 Residence	_					
1	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	IY	IC. INJURY AT WORK?	28d. DE	SCRIBE HOW	INJURY OCCU	RED	8 4	
0	0 0 0 1-14-	Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atm	et, factory	, office		CATION (Street y or Town, State		r Rurel Rou	te Number,	
COMPLE	tought only & 4 -		CIAN: To the best of my know								nd menner as atated.	
2	29b. SIGNATURE AND T		Benetiet.	m.0.		29c. LICENSE NU	IMBER		1	SIGNED (M	fonth, Day, Year)	
2	30. NAME AND ADDRES	S OF PERSON WH	complete cause of de nedict 14 W	ATH (ITEM 27) (Type, P		non Plac	e E	Baltin			- /	

-7 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Pages 1.2.3 should	stb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN: The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dept. of I	MPORTANT: If item 28 Is marked, or item 23 sho
HT CL	HI OL	be file	IMPO

	FOR 1 - STATE		STATE OF I	MARYLAN	ID / DEPA	RTMEN	T OF I	HEALTH	AND	MENT	AL HYGIEN	E	1	26851
	REGISTRAR  1. DECEDENT'S NAME (First	territor (math			CERTI	FICAL	E OF	DEA	TH		REG. NO.			
	The second secon										TE OF DEATH	W	YEAR	3. TIME OF DEATH
	MELVIN		J	ALMO						_	9727/91			06:07p
			5. SEX	6. AGE (In y	rs. lest birthday	MONTHS	R 1 YEAR	HOURS	R 24 HRS.		TE OF BIRTH		S. BIRTH	PLACE (State or Foreign
	213 52 721		1 M 2 DF	76	VYS YRS.	months.	Unio	nouns	MIN.		27/1915		Mar	yland
_	9a. FACILITY NAME (If not in			0.7					ION OF D	EATH		9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DEC	EDENT	CHARLES	51			OWSO	ON						BALTIMORE
DIRE	MD MD	10b. COUNT	timore		10c. C	PA	OR LOCAL							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	RMEL	ROAD				10	2112					ZEN OF W	HAT COUNTRY?
2	11. MARITAL STATUS		12. WAS DECEDEN	SARMED	13.	WAS DEC	CENDENT	OF HISPAN	HC OBIG	GIN? (Specify Yea				
	1 Never Married 2		FORCES? 1 YES 2 NO				If yes, sp	ecify Cub	an, Maxica	n, Puert	o Rican, atc.)	or No-	Black	- American Indian, White, etc.
BY	3 🕅 Widowed 4 🗌 Divo	rced	IF YES, GIVE V	MAN ON DATE	3		1   YES	2 KT NO	Specify	γ:		- 0	Speci	White
8	15. DEC	EDENT'S EDU	CATION	18	e. DECEDENT	S USUAL O	CCUPATION	ON		10	6b. KIND OF BUS	INESS/IND	VIETOV	
<u></u>	Elementary/Secondary (0	y highest grade	College (1-4 or 5	4)	(Give kind o	f work done use retired.)	during mo	ost of work	ing				JOSINI	
COMPLET	8	,	College (1-4 b) 3	·/	Home	make	r				Own	Hom	16	
O	17. FATNER'S NAME (First, M	liddle, Last)						16 MO	MER'S NA	ME (Elect	, Middle, Maiden			
	Jo	hn Gr	ant May	'S							na Mi]			
BE	19a. INFORMANT'S NAME (7				19h MAILIN	G ADDRES	e /Street e				mber, City or Town			
5	Walter S	. Alm	-		205	Kau	ffm	an I	Rd.,	Pa	arkton	, MD	21	120
	20e-METHOD OF DISPOSITI 1 (2) Buriel 2 Crematio 4 Donation 5 Other	ON 3 Rem	oval from State	20b. PL.	ACE AND DAT	other place	SITION (Na	ame of	ntor	DA	TE 20c. LOC	CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17								Inc. PA 17349						
	23. PART I. Enter tha di	seases, or c	complications tha	t causad th	e death. Do	not entar	r tha mo	da of dy	ing, suci	h as cs	rdlac or respir	retory srr	est,	Approximate
	IMMEDIATE CAUSE (Final Onest and Death													
	resulting in destin		DUE TO	(OR AS A CO	NSEQUENCE									-
z			Leure	CA	LO COL									
CERTIFICATION	Sequentially list conditi if any, leading to immed	one, diate	DUE TO	(OR AS A CO	NSEQUENCE	OF):								
CA	ceuse. Enter UNDERLYI CAUSE (Disease or Inju	NG	Cost											
프	that initiated events	1	DUE TO		NSEOUENCE									
표	resulting in death) LAS	٠,	a Hox	of Ve	ent. 7	achy	Cora	hi						
Ö	DART II Oshan alIII													
¥	PART II. Other significe	nt condition	s contributing to	desth but r	not resulting	In tha un	nderiyin	g ceuse	given in	Part I.	24a. WAS AN / PERFORE		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
o											1   YES 2			COMPLETION DF CAUSE DF DEATH?
ME											'			1 TES 2 NO
ž														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATN (Che	ck only	one)			
SIC	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	OTHER 4 Nun		6 5 D B	esidence	s 🗆 🗪	ner (Specify)			
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TI	ME OF	28c. INJ		I		ESCRIBE HOW IN	JURY OCC	URED	
		Pending	(Month, D	ay, Year)	"	JURY		PRK? YES 2 [	□ NO					
ВУ	a Contact	nvestigation	28e. PLACE O	F INJURY —	At home, farm	street, fact			3.12	284 1 0	CATION (Street at	not Alcombac	as Donal D	
ETED	4 Nomicide	Could not be detarmined	building,	atc. (Specify)			,			C/t	y or Town, State)	na Number	or nural ni	oute Numoer,
29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner								and manner ee atsted.						
29h SIGNATURE AND TITLE DE CERTICIES														
8		Mr.	abille	ia					47:					Month, Day, Year)
2	36. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) /3-	o Prints		21	/ /	- 7			1:	0-11.
	Dr. Alikha						St	., Т	ows:	on,	MD			
	31. DATE FILED (Month, Day, )	(bar)	32. REGISTRA	R'S SIGNATUI	RF					-				
- 1	UUI 03 10	391	Julia Davi	day D	and a OO									

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should nours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
E HOSPITAL OR ATTENDING E FUNERAL DIRECTOR: After Within 72 hours after death HTANT; If item 28 is ma

	REGISTRAR	STATE OF M		DEPAR					MENTAL HYGII	NE		26852		
	1. Decedent's name (First, Middle, Last) Dorothy M. Bradsh	naw							2. DATE OF DEATH OCT. 1,	1991	YEAR	3. TIME OF DEATH		
	215 40 9323	5. SEX 1 M 2 K F	6. AGE (In yrs. les	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTHP	yland		
ron	9a. FACILITY NAME (If not institution, give atree 708 Arncliff Rd.	it and number)			9b. CITY	Ess	PR LOCATION	ON OF DE		9c. COL	INTY OF DE			
DIRECTOR	10a. STATE 10b. COUNTY  Naryland Balt	timore		10c. CITY, TOWN OR LOCATION  ESSex							10d, INSIDE CITY LIMITS? 1 YES 2 THO			
FUNERAL	100. STREET AND NUMBER 708 Arncliff Ro	d.			101. ZIP CODE 10g. C						IZEN OF WI	HAT COUNTRY?		
ВҰ	11. MARITAL STATUS  1 Never Merried Married  3 Widowed 4 Divorced	1 Never Merried Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year If yea, specify Cuban, Mexican, Puerio Rican, stc.)  1 YES NO Specify:					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	(G	ECEDENT'S Sive kind of vi Do NOT us C]	work done i	CCUPATIO during mos	IN st of working	g	16b. KIND OF I	lusiness/in				
	Dorothy M. Wise													
TO B	19a. INFORMANT'S NAME (Type/Print) Walter Bradshaw,	Husban	d 198	708	Arno	S (Street ar	Rd.	or Aural A	oute Number, City or I	iown, State, Zi	21221			
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremetton 3 Removal 4 Donatton 5 Other (Specify)		206. PLACE A	AND DATE	of Dispos	of Je	me of		DATE 20c.	Balt:				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	md	سند	1	Br 14	name an uzdz 107 E	o ADDRES Zinsk Zaste	i Fu	neral Ho ve. Bal	me PA	e. Md.			
	23. PART I. Enter the diseases, or combook, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pe	se on each line	ne	not enter	the mod	de of dylr	ng, auch	as cardiac or re-	piratory ar	reat,	Approximata interval Between Onset and Death		
TION	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	OUENCE O	·F):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE O	F):									
O	PART II. Other significent conditions c	contributing to c	deeth but not r	eaulting	in the un	nderlying	cause g	iven in P	Part I. 24a, WAS	IN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS		
MEDICAL										ORMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)					
	1 YES 2 NO 1 [ 27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF II (Month, Day	NJURY	28b. TIM	4 🗆 Nure	28c. INJU WOR	JRY AT		Other (Specify) 28d. DESCRIBE HOV	INJURY OC	CURED			
red BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF building, e	INJURY — At hor rtc. (Specify)	ma, ferm, s	street, facto		ES 2 .		28f. LOCATION (Stree City or Town, Ste	CATION (Street and Number or Rural Route Number, y or Town, Stete)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of m	ny knowledge, de-	ath occurs	ed at the ti	ime, date a	and place,	and due to	o the cause(e) and m	enner as stat	led.	and manney as stated		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		de	Lu	20		29c. LICEN		BER			Month, Day, Yeer)		

Вало.

2/22

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEM 27) (Type, Print)

W. JOHN J. LOH 617A STEMMUS PUN

31. DATE FILED (Month, Day, Year)

OCT 02 1991

Sun Davidson-Randelle

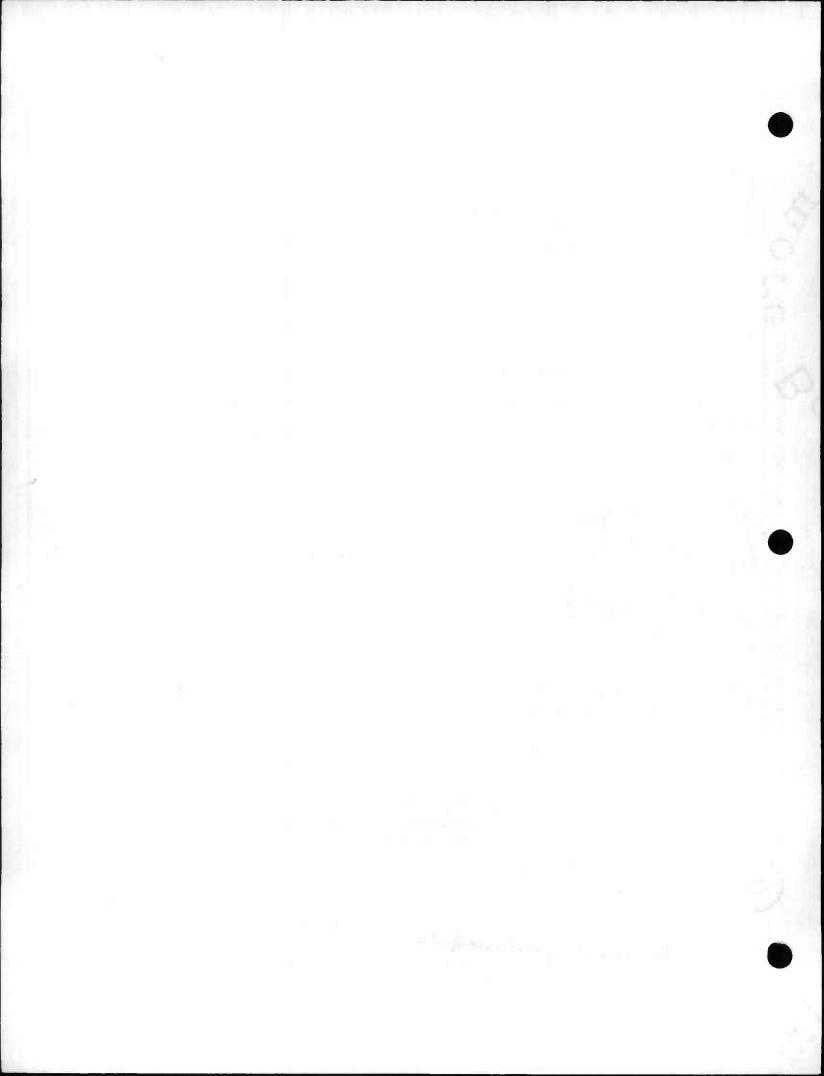
. - -99 . . 

-	E
	ā
	£
	Ä
	-
din.	è
0	-5
9	3
-	2
$\infty$	5
9	à
-	8
_	9
0	£
70	à
	5
~	1
9	9
٥.	-
_	ŧ
2	-
33	-
	£
00	20
$\overline{}$	Ë
9	u
0	ě
11	13
~	18
	-
_	6
4	
	£
_	Z
	7
1	7
7	×
	4
7	cr
=	ž
9	0
~	2
11	Ê
	-
-	α
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours
-	12
w	£
100	es.

	1. DECEDENT'S	NAME (First, Middle, La:					F DEATH	M	ATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH	
				c. cor				j	0	1	91		
	4. SOCIAL SECU 220-0	7-9219	5. SEX	6. AGE (In yrs.		MONTHS DAY		(A	ATE OF BIRTH South, Day, Ye	ear)	8, BIRTI Count		
	90. FACILITY NA	AME (If not institution, give				9b. CITY, TOW	N OR LOCATION O		72-03		UNTY OF E	VA.	
CTOR		ORLEANS				BALTI	MORE C	ITY					
EG	10a. STATE	OF DECEDENT			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY	
DIRE	Md				Ва	ltimo	re Cit	У				LIMITS?	
RAL	10e. STREET AN						10f. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
III	11. MARITAL STA	ORLEANS					21231				U.S.A.		
BY FUN		led 2 K Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yea, specify Cuben, Mexicen, Puerlo Rican, etc.) Black, White, et							
ED		15. DECEOENT'S E (Specify only highest gra	DUCATION ade completed)	18e.	DECEDENT'S U	IT'S USUAL OCCUPATION of work done during most of working							
LET		Grade	College (1-4 or 5 +	•)	Ine. Do NOI use	retired.)							
COMP	Bell employed												
ш	Jesse Counts  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Laura Jenning									0.0.0			
TO B	1112	"S NAME (Type/Print)			lumber, City o			igs					
_	19b. INFORMANT'S NAME (Type/Print)  Marie  Counts  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code)  2.130 Orleans Street/Baltimore, Md.										. 21231		
	20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of competency, cremetory or other place)  20c. LOCATION — City or Town, competency, cremetory or other place)												
1114		OF FUNERAL SERVICE	LICENSEE /	wes	tern		AND ADDRESS OF			Caton	svil	1e, Md.	
		= 0	14				AND RESIDENCE						
	WM.C. MARCH F.H. 1101 E. NORTH AVEN  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											ORTH AVE	
	IMMEDIATE C	AUSE (Finel ndition	e. Liet only one ceu	se on each I	ine.	t enter the r	mode of dying,	uch es c				Approximete interval Between	
RTIFICATION	iMMEDIATE Codisease or coresulting in de	AUSE (Finel ndition eath)	e. Very  DUE TO  C.	OR AS A CONS	ine.	Clore		uch es c				Approximete Interval Between	
MEDICAL CERTIFI	IMMEDIATE College of the college of	AUSE (Finel ndition eath)  list conditions, to immediate UNDERLYING se or injury sevents eath) LAST	e. Very  DUE TO  C.	OR AS A CONS	SEQUENCE OF) SEQUENCE OF)	Elon	mode of dying, s	CL CALLERY OF THE PARTY OF THE	cerdiec or		rreat,	Approximete interval Betwee Onset and Dea	
AN: MEDICAL CERTIFI	IMMEDIATE College of the college of	AUSE (Finel ndition eath)  list conditions, to immediate UNDERLYING se or injury sevents eath) LAST	b. DUE TO	OR AS A CONS	SEQUENCE OF) SEQUENCE OF)	t enter the r	mode of dylng, and which was a second	In Pert i	. 24a. WW	reepiratory and reepiratory an	rreat,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
SICIAN: MEDICAL CERTIFI	IMMEDIATE College of the college of	at conditions, to immediate UNDERLYING see or injury events eath) LAST	b. DUE TO	(OR AS A CONSTITUTE OF AS A CONS	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) SEQUENCE OF)	the underly	mode of dying, s	In Pert i	. 24a. Will PE 1 Violent viole)	S AN AUTOPSY RFORMEO?	rreat,	Approximate interval Betwee Onset and Deal Onset an	
AN: MEDICAL CERTIFI	IMMEDIATE College of the college of	aduse (Fine) ndition eath)  ist conditions, to immediate UNDERLYING se or injury events eath) LAST  r algnificent conditi  EFERRED TO MEDICAL (LYNO DEATH	e. Lief only one ceu  e. Lief only one ceu  DUE TO  DUE TO  DUE TO  d.  HOSPITAL:	COR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) SEQUENCE OF)	the underly  the underly  26.  OTHER:  Nursing H.  OF 28c. I	Mada	In Pert i	. 24a. William PE 1 Young Yone)	S AN AUTOPSY RFORMEO?	rest,	Approximate interval Betwee Onset and Deal Onset an	
HYSICIAN: MEDICAL CERTIFI	IMMEDIATE College of the college of	AUSE (Finel nditions, to immediate UNDERLYING se or injury eath) LAST  algnificent conditions and the second injury eath and the second injury eath) LAST  algnificent conditions and the second injury eath and t	e. Lief only one ceu  e. Lief only one ceu  pue to  b. Due to  c. Due to  d	COR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) OR resulting in	the underly  26.  DTHER: Nursing H  OF RY M 1	PLACE OF DEATH OME 5   Reelden NJURY AT WORK?	In Pert i	24a. Waller (Specify DESCRIBE H	AS AN AUTOPSY RFORMEO? ES 2 NO	24b	Approximate interval Betwee Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat	
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE College of the college of	AUSE (Finel notitions, at conditions,  e. Lief only one ceu  e. Lief only one ceu  b. DUE TO  c. DUE TO  d	COR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SEQUENCE OF) SEOUENCE OF) SEOUENCE OF) Ot resulting in	the underly  26.  DTHER: Nursing H  OF RY M 1	PLACE OF DEATH OME 5   Reelden NJURY AT WORK?	In Pert i	24a. Waller (Specify DESCRIBE H	IS AN AUTOPSY REORMEO? ES 2 NO  NO INJURY OC	24b	Approximate interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear		
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE C. disease or co resulting in de consulting in	at conditions, to immediate UNDERLYING see or injury events eath) LAST  r algnificent conditions and the conditions of t	e. Lief only one ceu  e. Lief only one ceu  e. Lief only one ceu  pue to  DUE to  DUE to  d. Lief only one ceu  pue to  DUE to  DUE to  28e. DATE OF  (Month, De  Due to  28e. PLACE Of  building, one ceu  pue to  Company one ceu  Due to  Due to  Due to  Due to  Due to  Company one ceu  Due to	COR AS A CONSTITUTE OF THE STREET OF THE STR	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQ	the underly  26.  THER: Nursing Hoof Set, factory, of	PLACE OF DEATH ome 5 Reciden NJURY AT WORK? YES 2 NO	In Pert i	24a. Will PE 1 Yone)  Yone)  Where (Specify DESCRIBE H. OCATION (S. Willy or Yown, S. CRUBE(e) enc.	AS AN AUTOPSY RFORMEO? ES 2 NO  NOW INJURY OCUPATION Treet and Number State)	24b	Approximate interval Betwee Onset and Deal Onset an	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE College of the college of	at conditions, to immediate UNDERLYING see or injury events eath) LAST  r algnificent conditions and the conditions of t	b. DUE TO  b. DUE TO  c. DUE TO  d	COR AS A CONSTITUTE OF THE STREET OF THE STR	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQUENCE OF SEQUENCE SEQ	the underly  26.  THER: Nursing Hoof Set, factory, of	PLACE OF DEATH ome 5 Reciden NJURY AT WORK? YES 2 NO	In Pert i	24a. Will PE 1 Yone)  Yone)  Where (Specify DESCRIBE H. OCATION (S. Willy or Yown, S. CRUBE(e) enc.	AS AN AUTOPSY REFORMEO? ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b CCURED or or Rural F	Approximate interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear	
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE College of the college of	AUSE (Finel notions, at conditions, to immediate UNDERLYING see or injury events eath) LAST  raignificent conditions  FERRED TO MEDICAL  NO DEATH  5 Pending Investigation  8 Could not be determined  1 CERTIFYING PHY  2 MEDICAL EXAMI	b. DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSTITUTE OF THE STAT	SEQUENCE OF SEQUEN	the underly  26.  THER: Nursing H  OF 28c. I  I   set, factory, of	PLACE OF DEATH ome 5 Reciden NJURY AT WORK? YES 2 NO	In Pert i  (Check only 28d.)  28d.    28d.    28d.    28d.    28d.    28d.    28d.    28d.	24a. Will PE 1	AS AN AUTOPSY REFORMEO? ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b CCURED or or Rural F	Approximete interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	

D. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending physician.	#RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	In 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the s
RECORDS, P.O. I	requires that the death certifi	seen signed by the attending p	. of Health and Mental Hygien	**
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HITAL DR ATTENDING PHYSICIAN: The law	ERAL DIRECTOR: After this certificate has b	in 72 hours after death with the State Dept.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN		IYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	nes			2. DATE OF MONTH OCTOB	DAY YE	3. TIME OF DEATH 5:25A					
	4. SOCIAL SECURITY NUMBER 215-16-7347			UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS M	_	DISTRICT OF E	NRTHPLACE (State or Foreign ountry) N.C.					
FOR	9a. FACILITY NAME (If not institution, give sta THE JOHNS HO			BALTIMORE C		9c. COUNTY	MORE CITY					
DIRECTOR	10e. STATE 10b. COUNTY			imore		10d. INSIDE CITY LIMITS? TYTYES 2 \( \text{NO}\) NO						
FUNERAL	100. STREET AND NUMBER 1004 Mc Donoug	h St		101. ZIP CODE 21205	5	U.S	109. CITIZEN OF WHAT COUNTRY? U.S. A.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2√ <b>∑</b> ₹10	13. WAS DECENDENT OF H If yes, specify Cuben, N 1  YES 2 NO	in, atc.)	RACE — American Indian, Black, White, etc. Specify: ack						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondery (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use n	done during most of working		nd of Business/INDUST	RY					
COMF	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	18. MOTHER		die, Maiden Surname)						
E III	Unknown				Inknown							
TO B	196. INFORMANT'S NAME (Type/Print) Esther James			DORESS (Street and Number or Bond St.								
	20e, METHOD OF DISPOSITION	oval from State	PLACE OF DISPOSIT	ON (Name of cemetery, cremeto	ry or	20c. LOCATION — City	or Town, State					
E a	1 Deurie 2 Cremetion 3 Removed from State 4 Donotion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Arbutus Memorial Park  BAltimore, Md.											
examiner must be	Betts Funeral Home 1129 N. Caroline St. Balti., Md 212											
nt, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  MedaStatic Esophageal Cancer  Due to (or as a consequence of):											
Injury, or other traumatic event,	Sequentially list conditions, if any, laading to immediats cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.											
MEDIC	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Hypercacemia  Spinal Gord Compression at L4  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 KNO											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA								
5 >	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Sinpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?  M 1 YES 2 1	28d. OE\$C	Specify) RIBE HOW INJURY OCCUR	ED					
TED BY PH	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str cify)	eet, factory, office	281. LOCAT City or	ION (Street and Number or Town, State)	Rural Route Number,					
BE COMPLET	one)			at the time, date end place, a in my opinion, death occured			euse(a) end manner as stated.					
TO BE O	296. SIGNATURE AND TITLE OF CERTIFIE	Schwind	linger, M	D D	COOP	29d. DATE S	GNED (Marith, Day, Year)					
-	30. NAME AND ADDRESS OF PERSON W	hwndinge		ns Hookins	Hospit	al	,					
	31. DATE FILEO (Month, Day, Year)  OCT 02 1991	Julia Davidson	Tondess.	Į,	1							



FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIE		20033			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH			
	JOHN V.	DERRENBERG	ER			10/02/91	DAY	03:25p M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday				1	BIRTHPLACE (State or Foreign Country)			
	218 28 0987 9a. FACILITY NAME (If not institution, give s	t M 2 F 8	2yrs YRS.		N OR LOCATION OF	08/07/19	909	Maryland TY OF DEATH			
DIRECTOR	GBMC 6701 NO	RTH CHARLES	ST	TOWS		JEAN TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT		BALTIMORE			
EC	10a. STATE 10b. COUNTY	Y	10c. C	ITY, TOWN OR LO	CATION			104 Meins orty			
		TIMORE		ALTIMORE				10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				tof. ZIP CODE		10g. CITIZEN OF WNAT COUNTRY?				
Ä	6913 LACHLAN CIR				21239		SA				
5	tt, MARITAL STATUS t Never Married 2 Married	12. WAS DECEOENT EVER I	N U.S. ARMED	13. WAS C	ECENDENT OF NISP	ANIC ORIGIN? (Specify cen, Puerto Rican, etc.)	Yea or No — 1	4. RACE — American Indian, Black, White, atc.			
ВУ	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2 NO Spe			Specify:			
ED	15. DECEDENT'S EDU	CATION						White			
	(Specify only highest grade	completed)	(Give kind o	S USUAL OCCUPA I work done during use retired.)	TION most of working	16b. KIND OF E	USINESS/INOU	STRY			
7	Elementary/Secondary (0-12)	College (t-4 or 5+)		y Engine		City	of Bal	timoro			
COMPLET	12 years		IIIgiiwa	y Engine				CIMOLE			
						NAME (First, Middle, Meld	en Surname)				
BE	Howard Derrenber	ger				et Conser					
2						Il Route Number, City or 1					
	Howard Derrenberg					Randelsto	own, MD	21207			
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remarks	oval from State 20b	etery, crematory or	OF DISPOSITION other piecel	Neme of		OCATION - CI	ty or Town, State			
	4 Donetjon 5 Other (Specify)	<u>Mc</u>	preland				ltimor	re, MD			
	22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home Balto MD 21204										
	- Xahn /	cocor					Balto	., MD 21204			
	23. ABT I. Enter the disesses, or complications that caused the daeth. Do not enter the mode of dying, such se cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line										
	ahock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel										
	dieeese or condition resulting in death)	. CARDIO	RESPIRAT	TORY ARE	FST			Oliset and Death			
	reacting in death)	OUE TO (OR AS A	CONSEQUENCE	OF):	201						
z		END STA	GE RENAL	FATLUR	F						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate		CONSEGUENCE								
S	CAUSE (Disease or Injury	NIDDM									
쁜	thet initiated events resulting in death) LAST	DUE TO OR AS A	CONSEQUENCE	OF);							
H	resulting in death) LAS!	d									
2	PART II. Other significent condition	s contributing to deeth h	ut not resulting	In the underly	lag gauge alves I	- Post I as was					
CAL		_ commoning to decim b	at not resulting	m me underly	ing cause given i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
G						t 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?			
Σ								1 TES 2 NO			
PHYSICIAN: MEDIA	or was case agreement to										
₫ □	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	Check only one)					
YS	1 VES 2 NO	Inpetient 2 - ER/Outp	etlent 3 🗆 DOA		ome 5 🗆 Residence	8 Other (Specify)					
	27. MANNER OF DEATH  1 Notural 5 Pending	(Month, Day, Year)	28b. TH	JURY	NJURY AT VORK?	26d. DESCRIBE NOW	INJURY OCCU	REO			
B	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, term,	streat, factory, of	fice	28t, LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my knowless. On the basis of examination	ledga, death occur n and/or investigati	red at the time, de	te and place, end du	e to the cause(e) end m	anner as stated.	cause(s) and manner as steted.			
	296. SIGNATURE AND TITLE OF CERTIFIER				7		ind due to the c	cause(s) and manner as steled.			
H	M				29c. LICENSE NO		29d. DATE S	SIGNED (Month, Day, Year)			
2	30. NAME AND AODRESS OF PERSON WING	O COMPLETED OF THE			DS 3	037	10	13 ay			
					~ O.A.						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		NA2 :	31 1317	12 . 120					
	OCT 0.3 1991	Julia Davidson	Randell.								

its after death. Page 6 may be retained by the hospital or attending physician	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho removal.	edical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or artiending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COURSE ETED BY BUXBLOAM, MITCHOLD STREET, STREET

	FOR		CTATE OF I	IAADW AND	/ DED.								91	26856
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First	Mirida Last	STATE OF I	MARYLAND (	CERTIF	ICAT	E OF	DEA	TH		REG. NO			
	The state of the s	i, imoune, Lasty			REE	A MA	AE Du	ıVa1		MONTH	OF DEATH	DAY	YEAR	8:40 A.
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.		-	ER 1 YEAR	IF UNDER	1 24 HRS.	7. OATE C	EMBER	30,1		PLACE (State or Foreign
	212-09-7200		1 [] M 2 [X] F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	AUGI	JST 2	1.191	Counte	ARYLAND
_	9a. FACILITY NAME (If not is					9b, CIT	ry, TOWN	OR LOCATI	ON OF DI			-	INTY OF D	
5	1415 ADAMS		ROAD				CATON	SVIL	LE				BALT	IMORE
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
2	MARYLAND		BALTIM	ORE				NSVI	LLE				LIMITS?	
AL	10e. STREET AND NUMBER				101, ZIP CODE							10g. CIT	IZEN OF W	HAT COUNTRY?
ER	1415 ADAMS	VIEW R	OAD					212	28			0.007		S.A.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	EDENT EVER IN U.S. ARMED  1  YES 2 NO  IVE WAR OR DATES  13. WAS DECENI IF yea, specif 1  YES 2				ecify Cuba	n, Maxica	n, Puerto R	(Specify Yelican, etc.)	es or No-	14. RACE Black Specifi	— American Indian, , whita, atc.
ETED	15. DEC	EDENT'S EDU	CATION	18a.	OECEOENT'S	USUAL	OCCUPATIO	ON		16b.	KINO OF BU	JSINESS/INC		
E	Elementary/Secondary (I	-)	(Give kind of life. Do NOT u	se reureu.	) auring mo	ist of worldr	ng	- 10						
COMPL	TOTAL TIME TO THE PARTY OF THE										OWN H	OME		
Ö	17. FATHER'S NAME (First, Middle, Last)  WARREN CATHERMAN  FMMA SUD											Sumame)		
BE	ETER SIRADER													
5	JOYCE L. SHIPLEY (DAUGHTER)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 3967 NEWCASTLE COURT, ELLICOTT CITY, MARYLAND 21043													
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of													
	MEADOWRIDGE MEMORIAL PARK 10/5/91 DORSEY, MARYLAND													
	22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUN 1630 EDMONDSON AVENUE, CATONSVILI 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,										VIII.			
	iMMEDIATE CAUSE (Fir	death, Do r	not ente	r the mo	de of dyi	ng, auci	h aa cerdi	ac or resp	iretory en	rest,	Approximate interval Between Onset and Death			
1	resulting in death)			OR AS A CONS							1000	-		Moram
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										/cu	9	( nlylo)	
- 11	PART II Other significa	ot condition												
PHYSICIAN: MEDICAL											PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
MA	25. WAS CASE REFERRED TO	MEDICAL					26 DI	ACE OF DE	ATM (Ob-	-1				
Sic	EXAMINER?		HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHE	R:			ck only one)				
¥	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	sidence i	a Other	Specify)	NJURY OCC	CUREO	
BY F		Pending nvestigation	(Month, Da	ly, Year)	INJ	M	1 Y	RK? ES 2	NO					
- 4	3 Suicide 8 0	Could not be letermined	28a. PLACE Of building, o	FINJURY — At Potc. (Specify)	ome, farm, a	treet, tac	tory, offica			28f. LOCAT City or	TON (Street ) Town, State)	and Number	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERT MEDI-	FYING PHYSIC	CIAN: To the best of ax	my knowledge, o	leath occurre	d at the i	lima, data i	and place, eith occure	and due t	lo the cause	e(a) and mai	nner as state	ed. a cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE			Aa	-			29c. LICE						Month, Day, Year)
10 B	30. NAME AND ADDRESS OF	DEBCON WILL	port	pro	200	7						> 9	130/	41



Marine J. M.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

S	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
iddie, Last)		2. DATE O	F DEATH DAY

- STATE REGISTRAR		CERTIFIC	AIE OF L		REG. NO.		
I. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEA	3. TIME OF DEATH
MILDRED A.  I. SOCIAL SECURITY NUMBER	FISCHER	E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	10-1-91 7. DATE OF BIRTH	Lan	1:50 A
	1 - M 2 - F	MC	7	HOURS MIN.	(Month, Day, Year) 5-4-190	C	Baltimore
213-38-6961  Da. FACILITY NAME (If not institution, give		00	b. CITY, TOWN OR	LOCATION OF DEA		9c. COUNTY C	
			Baltim	ore Cit	·V		
418 Tantallie		I we carry a	TOWN OR LOCATIO				10d, INSIDE CITY
Md			imore				LIMITS?
00. STREET AND NUMBER		Dare		IP CODE		10g. CITIZEN	OF WHAT COUNTRY?
418 Tantalli	on Court			21212	2	12	II C A
1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ADMED	13. WAS DECEN	IDENT OF HISPANIC	ORIGIN? (Specify Year	or No.— 14. F	RACE — American Indian, Black, White, etc.
Never Married 2 Married  Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Specify:	reento mosti, sto.)		White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BU	I SINESS/INDUSTE	
(Specify only highest gred Elementary/Secondary (0-12)	de completed) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during most etired.)	of working			
12		Homen	naker		Ow	n Home	2
7. FATHER'S NAME (First, Middle, Last)	TABLE THE			16. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
John Fitzpat	rick				Hobbs		
9a. INFORMANT'S NAME (Type/Print)	1				Doll+im		
Mrs Diane Fr		418 TE		on Ct.	Baltim	CATION - City	
Buriel 2 Cremetion 3 Res	movel from State	of cemetary, crematory or	other place)				ce County
23. PART I. Enter the diseases, or ahock, or heart failure	complications that couse. List only one cause on		4905 Y	York Rd	kins & S Balto	. Md.	Approximate
	. List only one cause on	eech line.	4905 Y	Ork Rd of dying, such	. Balto	. Md . iratory arrest,	Approximate interval Between Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)  Sequentially list conditions,	a		4905 Y	Ork Rd of dying, such	. Balto	. Md . iratory arrest,	Approximate interval Between Onset and De
ahock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. DUE TO (OR AS	Cancer S A CONSEQUENCE OF):	4905 Y	Ork Rd of dying, such	. Balto	. Md . iratory arrest,	Approximate interval Between Onset and De
ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	description of the second of t	ork Rd of dying, such	. Balto aa cardlec or raap 2 - met	aratory arrest,	Approximate interval Betwo Onset and De Onse
ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	description of the second of t	ork Rd of dying, such	as cardlec or rasp  2 - m et	AUTOPSY TMED?	Approximate interval Betwood Onset and Do On
ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	description of the second of t	ork Rd of dying, such	Balto as cardles or reap 2 - m et	AUTOPSY TMED?	Approximate interval Betwood Onset and De On
ahock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying	ork Rd of dying, such	an cardlec or raap  2 - m et  art 1. 24e. Was An PERRO	AUTOPSY TMED?	Approximate interval Batwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  D but not reaulting in	the underlying	ork Rd of dying, such plugger ceuse given in P	an cardlec or raap  2 - mu et  art I. 24a. Was An PERROL  1 - YES	AUTOPSY TMED?	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  Utpatiant 3 □ DOA 4  TY 285. TIME 6	the underlying to the underlyi	ceuse given in F	an cardlec or raap  2 - mu et  art I. 24a. Was An PERROL  1 - YES	AUTOPSY RMED?	Approximate interval Betwo Onset and De Onse
ahock, or heart failure  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  Utpatiant 3 □ DOA 4  TY 285. TIME 6	the underlying the underlying to Nursing Home	ceuse given in F	an cardlec or raap  2 - Mu et  art I. 24a. Was An PERROL  1 - YES  k only one)	AUTOPSY RMED?	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying the underlying the underlying the underlying to the underlying the	Ceuse given in F	an cardlec or raap  2 - Mu et  art I. 24a. Was An PERROL  1 - YES  k only one)	AUTOPSY RMED? NO  INJURY OCCURE	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER 1 CERTIFYING DAY	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying the underlying to the underlying	ceuse given in P	Balto as cardlec or reap  2 - Mu et  art I. 24s. Was An PERROI 1 - YES  k only one)  Other (Specify)  28d. DESCRIBE HOW	AUTOPSY THEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart failure  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suledde 6 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying the underlying the underlying the underlying to the underlying the	ceuse given in P	aa cardlec or raap  2 - Mu Ct  art I. 24s. Was An PERROL  1 - YES  ck only one)  Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Rown, State	AUTOPSY TIMED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	Approximate interval Betwo Onset and De Onse
ahock, or heart failure  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suledde 6 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying the underlying the underlying the underlying to the underlying the	ceuse given in P	as cardlec or reap  2 - M. Ct  art I. 24s. Was An PERTO  1 - YES  - Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Rown, State of the cause(a) and me	AUTOPSY MADO NO INJURY OCCURE and Number or R India due to the car	Approximate interval Betwo Onset and De Onse
ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying the underlying the underlying the underlying to the underlying the	ceuse given in F	as cardlec or reap  2 - M. Ct  art I. 24s. Was An PERTO  1 - YES  - Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Rown, State of the cause(a) and me	AUTOPSY MED? NO  INJURY OCCURE and Number or R  and to the ca	Approximate Interval Betwo Onset and De Onse
ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlying of the underlyi	CE OF DEATH (Chec	as cardled or reap  2 - M. Ct  art I. 24s. Was An PERIOL 1   YES :  Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Rown, State of the cause(a) and ma	AUTOPSY MED? NO  INJURY OCCURE and Number or R  29d. DATE SIG.  29d. DATE SIG.  20d. DATE SIG.	Approximate interval Betwo Onset and De Onse

2	2	be filed within 72 hours and desired the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IN
THE	THE	Fled v	PORT
TO THE HOSPITAL OR ATTERMAND PHYSICALS: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	FUNER	vithin	TAME
TAL C	AL D	72 111	14.16
H A	E	MITE	-
E	100	ď.	28 0
E	Att	dead	j
돭		P	Ì
ř	cert	ě	٧
E Th	cate	State	Itam
MP a	has b	Dept.	23
redu	ееп	0f H	ahon
res th	paudis	lealth	20 00
at the	by th	and	n la
e qual	ne att	Aenta	70011
th cen	ending	Hygi	00 00
lificati	phys	ene p	har
pe a	ician	rior to	-
mecu	and	pan o	nation
w pai	ompi	al, cr	9440
thin 2	etely	ematic	40
4 Po	Filled	JU, Of	20 00
urs af	70	remo	adlas
ter de	the fu	wal	la de
ath. F	ineral		- Ind
age (	direc		-
E	tor.		-

- 4	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL	CERTI	FICATE O	F DEATH	REG. NO		
		Sylvia	F	lade	.1	2. DATE OF DEATH	i 4"	3. TIME OF DEATH
- South	4. SOCIAL SECURITY NUMBER 065 01 2926	1 🗆 M 2 🔀 F	76 YRS	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October (		BIRTHPLACE (State or Forel Country) New York
HOL	90. FACILITY NAME (If not institution, give s Holy Cross Hospit RESIDENCE OF DECEDENT				or Location of DE	ATH	9c. COUNTY	of DEATH Montgomery
DINECTOR	Maryland Mon	tgomery	10c. C	Silve	er Spring			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
-	1121 University B	oulevard, We	st		101. ZIP CODE 20902			of WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes,	ECENDENT OF HISPANI specify Cuben, Mexican ES 2 X NO Specify:	, Puerto Rican, etc.)	or No- 14.	RACE — American Indian Black, White, etc. Specify: White
	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUP! If work done during use retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUST	
	12 years		Payro	11 Super		Retail		
	17. FATHER'S NAME (First, Middle, Lest)  Meyer Puris					IE (First, Middle, Maiden	Sumame)	
	19e. INFORMANT'S NAME (Type/Print)		19h MAII II	G ADORESS /P-	Sadie Ho	orowitz	0	eryland 209
	Joseph Fladell		1121	Univer	ity Boule	vand Lloat	r, State, Zip CM	er Spring,
	20e. METHOD OF DISPOSITION	200	B. PLACE AND DAT	E OF DISPOSITION	Name of	DATE 20c LO	CATION - City	
	N Buriel 2 ☐ Cremetion 3 ☐ Remet 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	netery, cremetory of ount Le	banon Ce	metery 9/			, Maryland
			d the dasth. Do	- 232 (	HEBREW MI ARROLL STI	REET. N.W.	. WASH	Approximate interval Bet
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)				disesse			Onset and D
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE	Cy OF.				
	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE	OF):				
	PART II. Other algnificant condition	a contributing to death b	out not resulting	In the Underly	ng cause given in F	PERFOR	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
						_		1 YES 2 NO
						th anti-anni		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000		28.	PLACE OF DEATH (Chec	A Only One)		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 DOA	OTHER:	PLACE OF DEATH (Checome 5 - Residence 8			
	EXAMINER?	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	OTHER: 4 Nursing H  ME OF JURY M 1	ome 5 Residence 6 NJURY AT VORK?  YES 2 NO		JURY OCCURE	ED .
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Acturel 5 Pending Investigation  3 Suicide 6 Could not be determined	1 ☐ Inpatient 2 ☐ ER/Outs 28e. DATE OF INJURY	28b. Ti	OTHER: 4 Nursing H  ME OF JURY M 1	ome 5 Residence 6 NJURY AT YORK? YES 2 NO	Other (Specify)		
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Asturel 5 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	29b. Till	OTHER: 4 Nursing H ME OF 28c. I JURY M 1 , street, factory, of	NJURY AT YORK?  YES 2 NO  Ice	Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street e. City or Town, State)	nd Number or R	ural Route Number,
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Asturel 5 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	1   Inpetient 2   ER/Outs 20e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination)	Zeb. Till  Z — At home, farm  City)  Iteldge, death occur  in and/or investigat	OTHER:    Nursing H     Nursing H     Sec.     UURY     M   1     street, factory, of     red at the time, di     Ion, In my opinion	NJURY AT YORK?  YES 2 NO  Notes  Note	Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street e City or Town, State)  D the cause(e) end meniume, data and place, and	nd Number or R	ural Route Number,

g	6	-1
꾋	*	1
ij,	-	-
a o	Ď	
spit	ped	
2	tact	5
å	90	0
3	P	9
ned	NO.	ě
ega	S	10
8	90	-
nay	E.	#
9	Cto	Ē
å å	din	-
E.	era!	듄
deat	P.	EX3
Ter	the oval	3
Sa	A E	die die
JOE L	D o	E
54	file on,	Pe
UNI	mat	i, t
¥	nple cre	Ve
295	rai co	9
Xec	and bu	131
e	or to	95
alle	pric	=
THE	and a	the
S	Hygin	0 1
eath	atte	y, 0
9	Mer	Tal
II II	200	=
S	De th	an
e D	Sig	W
9	of of	Sho
SW.	as t	23
2	ate h	E
AN	St	=
2	the Ce	1, 0
H	this	*e
5	ter ath	E
Š	A	.09
1	afte afte	28
IN THE MOSTIAL OR ALLENDING PHYSICIAN: THE LAW REQUIRES THAT THE DEATH CERTIFICATE DE EXECUTED WITHIN 24 HOURS ATTEL DEATH. PAGE 6 May be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	200	=
1	ERA	1.
3	N. F	YN
4	무용	ORT
	E TE	MP
_	6	=

	REGISTRAR		CL	=HIII	ICATE	OF	DEA	ГН		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, List)	000							2. DATE O	D/		YEAR	3. TIME OF D	EATN
- 1		OOD							09	26	1	991	3:01	p.m.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER		7. DATE O	F BIRTN Day, Year)		8. BIRTH Count	PLACE /State o	
- 1	213-07-9417	1 M 2 D F	77	YRS.	MONTHS	DAYS	HOURE	MIN.		01/19	11/4	-	enna.	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, 1	OWN O	R LOCATI	ON OF DE		01/1		NTY OF D		-
R	THE JOHNS HOPKINS HOSPITAL					PTM	יותר	O T III ST						
5	RESIDENCE OF DECEDENT	THO HOST I	IAL		DAL.	LIM	DRE (	CIII			KA.	IXIXI MI	N IX IX	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE C	ITY
ā	Md.			Ro1	timo	20	Cit						LIMITS?	□ wo
	10e. STREET AND NUMBER			IDGI	CIMO.		ZIP COD				100 CIT	IZEN OF Y	WHAT COUNTRY	
FUNERAL	131 N. Linwood	A == 0				""					reg. Cri	IZEN OF V	WHAT COUNTRY	
Z	11. MARITAL STATUS	12. WAS DECEDEN					212					S.	A	
	1 Never Married 2 Married	FORCES? 1	YES 2 N	MED	13. W/	IS DECI	ENDENT C	of NISPAN n, Mexica	NIC ORIGIN?	(Specify Year can, atc.)	or No-	14. RACE Black	E — American li	ndian,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify				Speci	ffy:	
	15. DECEDENT'S EDU	1										Cai	1C.	
2	(Specify only highest grade	completed)	(Gi	ive kind of a	USUAL OCC	UPATIO	N It of workin	ng	16b. P	CIND OF BUS	SINESS/INI	DUSTRY		
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5 e	)	Do NOT us										
M	Unk.	Unk	. <u>M</u>	<u>leta</u>	lurg:	ist			Ве	ethle	hem	Ste	eel	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First, Mic					
BE	Thomas Good						Zull:	a Ke	e i m					
0	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (	Street ar	nd Number	or Rural F	Route Number	City or Town	n, State, Zic	Code)		
F	Ethel Good												1 010	0.1
	20a, METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITI	ON (Nac	ne of	AVE	DATE	200 100	STOL S	City or To	212 wn, Stata	24
j	1 Burial 2 Cremation 3 Rem	oval from Stata												
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	More	Tan	u Mell	l .	cem	SS OF FAC	9/	80 Ba	lti	nore	, Md.	
	~ n	21	()	11	22.19	ME AN	D AUDRES	SS OF FAC	CILITY	2818	F .	Ro1+-	imore S	14
	Cheman	telson	worke	X.	В. Т	)ahı	rowsl	ki &	Son	Ral+	imor	Dall.	1. 2122	) L .
	23. PART i. Enter the diseees, or	complications that	caused the de	ath. Do r	ot enter th	e mod	le of dyi	ng, such	h ss cerdia	c or reepi	ratory ar	rest.	Approx	
	snock, or neert reliure.	List only one ceu	se on each line								3-5.20	250.27	Interval	Between
	disease or condition	ca	dingo	ric	360	PA							1	nd Death
	resulting in deeth)	8	are Jes	"	0.70								min	utes
		b. DUE TO  C. DUE TO	A COM A	DENCE OF	-):	~	-						1 7	-,
O	Sequentielly list conditions,	b	ronary	aci.	my.	u.	Mar	e					12	5 yes
F	if any, lasding to immediate csuse. Enter UNDERLYING	m	MARIALL	COENCE									× 7.	r /
5	CAUSE (Disease or injury	C	Joura.	~ (	infi	uc	ton	5					1-4	gus
EI	thet initiated events resulting in death) LAST	DOE 10	OH AS A CONSEC	DUENCE OF	7): <i>U</i>									L
CERTIFICATION		d						-						
	PART ii. Other eignificant condition	a contributing to	deeth but not re	euiting i	n the unde	rlvina	CRUSA	dven in I	Part I 2	4a. WAS AN	ALITOROV	0.45	WEBE ALIMONAL	
EDICAL	R Commence	Terua	newich	+1	PV	107	3/20		raiti.	PERFOR		240.	WERE AUTOPSY AMAILABLE PRICE	OR TO
	R. Conorary a fisher		- 22900	7-	-	4,	400		— l¹	YES 2	NO		OF OEATH?	F CAUSE
Σ	Trank								_		' '		1   YES 2	NO
Ž													/	`
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:				26. PL/	CE OF DI	EATH (Che	eck only one)					
Š	1 XYES 2 NO		ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Re	sidenca i	8 🗆 Other (	Specify)				
=	27. MANNER OF DEATH	28a. OATE OF (Month, O	INJURY	28b. TIM	E OF 20	c. INJU	RY AT			RIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending	(Month, O	sy, rear)	INJ	URY M	WOR	IK? ES 2	NO						T I
	2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE OF	F INJURY — At hor	ne, farm, s	dreet, factory	. offica			26f. LOCAT	ION /Street a	nd Number	or Pural P	loute Number,	
	4 Homicide detarmined	building,	stc. (Specify)					-	City or	Town, State)	ila reginoei	or more re	obie Namber,	- 1
COMPLETED	29a. CERTIFIER													
P P	(Check only	CIAN: To the best of												
ō	2 MEDICAL EXAMINE	R: On the beals of ax	amination and/or is	rveatigatio	n, in my opir	ilon, de	ath occur	ed at the t	time, data ar	nd place, and	due to th	a cause(a)	and menner a	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUM	IBER		29d DAT	F SIGNED	(Month, Day, Yea	ve)
BE	VINCENT K. H.	Tan 1	n.D.				Di	200	3		b 9	126	K.	<i>u)</i>
2	30, NAME AND AGORESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH /ITEM	27) /7/000	Print)		- 0				- /	100	171	
	Vincent K. H.	Tan O COMPLETEO CAUS	nd C	Toha	Han	1:	41	acon	40	Been			1 47.	24
	31. DATE FILEO (Month, Day, Year)	40 000	, ,	O- NO	-1-1	ull.	W 1/4	1011	at	2011)	mark	1	0 - 41.	a
		0												
	OCT 0 3 199	1 guia	Davidson-1	andel	6									
		5.0		-										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CER	TIFIC	ATE OF	DEATH		REG. N	0		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DA1	E OF DEATH			3. TIME OF DEATN
	GEORGE E. H	ARDAWAY					MO	9 <sup>H</sup>	29-	918	
	4. SOCIAL SECURITY HUMBER 224-34-5764	1 M 2 F	6. AGE (In yrs. lest bin		UNDER 1 YEAR	IF UNDER 24 HR	7. DAT	E OF BIRTH		a. BIRTHE Country	PLACE (State or Foreign
TOR	96. FACILITY HAME (If not Institution, give street and number)  2326 E. HOFFMAN STREET  BALTIMORE  96. COUNTY OF DEATH BALTIMORE										
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2326 E. HOFF	MAN STRE	ET		10	21213					HAT COUHTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES		If yea, ap	EHDENT OF HIS ecity Cuben, Mer 2 NO Sport	ican, Puerte	IN? (Specify ) Rican, etc.)	es or No		American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 T H	CATIOH completed) College (1-4 or 5+)	(Give ki	ind of work i NOT use reti	AL OCCUPATION DE MINISTRE ME ST	est of working	16	b. KIND OF 8	USINESS/IND	USTRY	
BE CO	BEVERLY HARDA	WAY, SR.				18. MOTHER'S MARY	MARS	Middle, Maide HALL	n Sumame)		
10	BEVERLY HARDAW	AY, JR.	19b. M/	5 E	RESS (Street a	t ST./	BALT	nber, City or R	wn. State. Zip , MD	212	218
	20a. METNOD OF DISPOSITION 1 Mental 2 Cremation 3 Remo		20b. PLACE AND	DATE OF DIS	BAPTI	ST		TE 20c. L	CES,	V I R	n, State GINIA
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE ) Z	Dens	in	/	MARCH		/110	1 E.	NOR	TH AVE.
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or rightry that initiated events resulting in death)	DUE TO (C		ICE OF):	on o	eareu	Mon	ra			Interval Batwee Onset and Dea
MEDICAL	PART II. Other algnificant conditions	contributing to d	eath but not reaul	ting in th	e underlying	g cause given	n Part I.		N AUTOPSY PRMED? 2 NO	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	eseese VIII.		HER:	ACE OF DEATH					
	27. MAHHER OF DEATN  1 Metural 5 Pending	28s. DATE OF IH (Month, Day,	IJURY 28	TIME OF	28c. INJ WO	PRES 2 NO	1	or (Specify) SCRIBE NOW	IHJURY OCC	URED	
IED DI	2 Accident Investigation 3 Suicide a Could not be determined	28s. PLACE OF a building, etc.	INJURY — At home, f c. (Specify)	erm, street,			261. LO	CATION (Street or Town, State	and Number (	or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAH: To the best of m	y knowledge, desth o	ccurred at	the time, deta	and place, and d	ra to the ca	use(a) and m	nner as state	d.	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							pares, s			
10 0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLO	OF DEATH ATTENDED	(No. 6)		D403			29d. DATE	2 9	Aonth, Day, Year)
	June Breiner		W Nort			1.204.41	Bar	14. V	h .1	21	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	9 9IGNATURE	- 1.C.A.	TEIC	many	150	the r	119	413	10

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

FOR

×	pag
E	36
9	io.
30	10
-	100
death	fune
fter	the
(A)	5
hour	in be
24	ill i
Pig	tely
×	)De
par	00
PITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may to	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag
be	ian
ate	ySic.
lific	D
eg.	ding.
att	tten
90	e a
4	A C
thal	po .
res	Sign
9	en .
M	8
9	ha
E	cate
AN	Til.
Sic	Ce
F	#
ING	the
8	8
E	8
JR /	HE.
1	0
E	A.

1 6	REGISTRAR  1. DECEDENTS NAME (First, Middle, Las		ICATE OF DEATH	REG. NO.	
	BROWN L	o Harris S	R.	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX  6. AGE (In yrs. last birthday)  1 🕅 M 2 🗆 F	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	S. 7. DATE OF BIFTH (Month, Day, Year)	6. BIRTHPLACE (State or Forei Country)
	212-10-2220 9a. FACILITY NAME (If not institution, give	7	9b. CITY, TOWN OR LOCATION OF	12-25-10	V a .
OR	LIBERTY MEDI		BALTIMORE	SC. C	OUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ITY 10c. CITY	Y, TOWN OR LOCATION		10d. INSIDE CITY
	MD		BALTIMORE		LIMITS?
FUNERAL	730 Asburton	mmunity Health N.H	1 . 10f. ZIP CODE 21216		U.S.A.
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yes or No-	- 14. RACE — American India
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Man 1 TYES 2 NO Sp	xican, Puarto Rican, etc.) ecity:	Specify: U.S.A.
TEO	15. DECEDENT'S ED (Specify only highest grad		USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/	
PLE	6th Grade	College (1-4 or 5 +)	MD RAILROAD	)	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Maiden Surname	VT m c
BE	JAMES  19a. INFORMANT'S NAME (Type/Print)	HARRIS			
5	JAMES HARRIS			DR./BALTIMOR	
	20a. METHOD OF DISPOSITION  1 Burtal 2 Cremation 3 - Res	20b. PLACE AND DATE O	F DISPOSITION / Name of	OATE 20c, LOCATION	— City or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	IGREE NMOU	NT Alace) CEMETERY		MORE, MD
	> <del> </del>	- W			
	23. PART I. Enter the diseases, or	complications that caused the death. Do not List only one cause on each line.	ot anter the moda of dying, a	F.H./1101 E	arreat, Approxima
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Acut myocan Due to (or as a consequence of	had Inforce	in Cerels	Onset and
NO	Sequentially list conditions,	· BAcirsclers	ni float	Diseases	
CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF)	j:		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	):		
		d			
CAL	PART II. Other aignificant condition	ons contributing to death but not resulting in	the undarlying cause given	in Part I. 24a. WAS AN AUTOPS PERFORMED?	AVAILABLE PRIOR 1
MEDIC					OF DEATH?
MEDI					OF DEATH?
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (		
MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1- Inpetient 2 ER/Outpetient 3 DOA 26a. DATE OF INJURY 26b. TIME	OTHER: 4 Nursing Home 5 Residence OF 28c, INJURY AT		OF DEATH? 1 YES 2 N
BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1-C Inpatient 2 ER/Outpatiant 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	ea 6 🗆 Other (Specify)	OF DEATH?  1  YES 2 N
ED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1-C Inpetient 2 ER/Outpetiant 3 DOA  26a. DATE OF INJURY (Month, Dey, Year)  26b. TIME INJU	OTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	ea 6 🗆 Other (Specify)	OF DEATH?  1  YES 2 N
ED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident a Could not be detarmined  29a. CERTIFIER (Check only	1-C Inpetient 2 ER/Outpetient 3 DOA  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME INJU  28a. PLACE OF INJURY — At home, farm, at building, atc. (Specify)	OTHER: 4   Nursing Home 5   Rasidence OF   Racinal Control NY   Nursing Home 5   Rasidence OF   Racinal Control NY   Nursing Home 5   Rasidence NO   Racinal Control NY   Nursing Home 5   Rasidence NO   Racinal Control N	26d. DESCRIBE HOW INJURY C 26d. LOCATION (Street and Numb City or Town, State)	OF DEATH?  1 VES 2 N  OCCURED  Der or Rural Route Number,
ED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only)	1-C Inpetient 2 ER/Outpetiant 3 DOA  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At home, farm, at	OTHER: 4   Nursing Home 5   Rasidence OF   28c. INJURY AT   WORK? 1   YES 2   NO	26d. DESCRIBE HOW INJURY C  26d. DESCRIBE HOW INJURY C  26d. LOCATION (Street and Numb City or Town, State)	OF DEATH?  1 YES 2 N  OCCURED  Der or Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 4 Homicide a Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	26a. PLACE OF INJURY At home, farm, at building, atc. (Specify)  SICIAN: To the beat of my knowledge, death occurred IER: On the basis of axamination and/or investigation.	OTHER: 4   Nursing Home 5   Rasidence OF   Received Home 5   Rasidence OF   Received Home 5   Rasidence OF   Nursing Home 5   Rasidence   Part   Rasidence   Part   Rasidence   Part   Rasidence   Part   Part   Part   Part   Part     Part   Part   Part   Part   Part     Part   Part   Part   Part   Part     Part   Part   Part   Part     Part   Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part   Part     Part   Part	26d. DESCRIBE HOW INJURY C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. DESCRIBE HOW INJURY C  26d. DESCRIPTION C  26d. DESCRIPTION C  26d. D	OF DEATH?  1 YES 2 N  OCCURED  Der or Rural Route Number,  tated.  the cause(a) and manner as stu  ATE SIGNED (Month, Day, Year)
O BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER  R - M - Stack	26a. PLACE OF INJURY At home, farm, at building, atc. (Specify)  SICIAN: To the best of my knowledge, death occurred term. On the basis of axamination and/or investigation, atc.  ER: On the basis of axamination and/or investigation, atc.	OTHER: 4   Nursing Home 5   Rasidence 5   Rasidence 6   Auraing Home 5   Rasidence 7   Ray   Rasidence 7   Auraing Home 5   Rasidence 8   Rasidence 9   Rasi	28d. DESCRIBE HOW INJURY C  28d. LOCATION (Street and Numb City or Town, State)  Num to the cause(s) and manner as s the time, data and place, and due to  UMBER  29d. O	OF DEATH?  1  YES 2 N  NOCCURED  Der or Rural Route Number,  tested.  the cause(a) and manner as stated.  ATE SIGNED (Month, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER  R - M - Stack	28a. PLACE OF INJURY At home, farm, at building, atc. (Specify)  SICIAN: To the beat of my knowledge, death occurred tes: On the basis of axamination and/or investigation, atc.  HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F.	OTHER: 4   Nursing Home 5   Rasidence 5   Rasidence 6   Auraing Home 5   Rasidence 7   Ray   Rasidence 7   Auraing Home 5   Rasidence 8   Rasidence 9   Rasi	28d. DESCRIBE HOW INJURY C  28d. LOCATION (Street and Numb City or Town, State)  Num to the cause(s) and manner as s the time, data and place, and due to  UMBER  29d. O	OF DEATH?  1 VES 2 N  NOCCURED  Der or Rural Route Number,  tested.  the cause(a) and manner as stu  ATE SIGNED (Month, Day, Year)

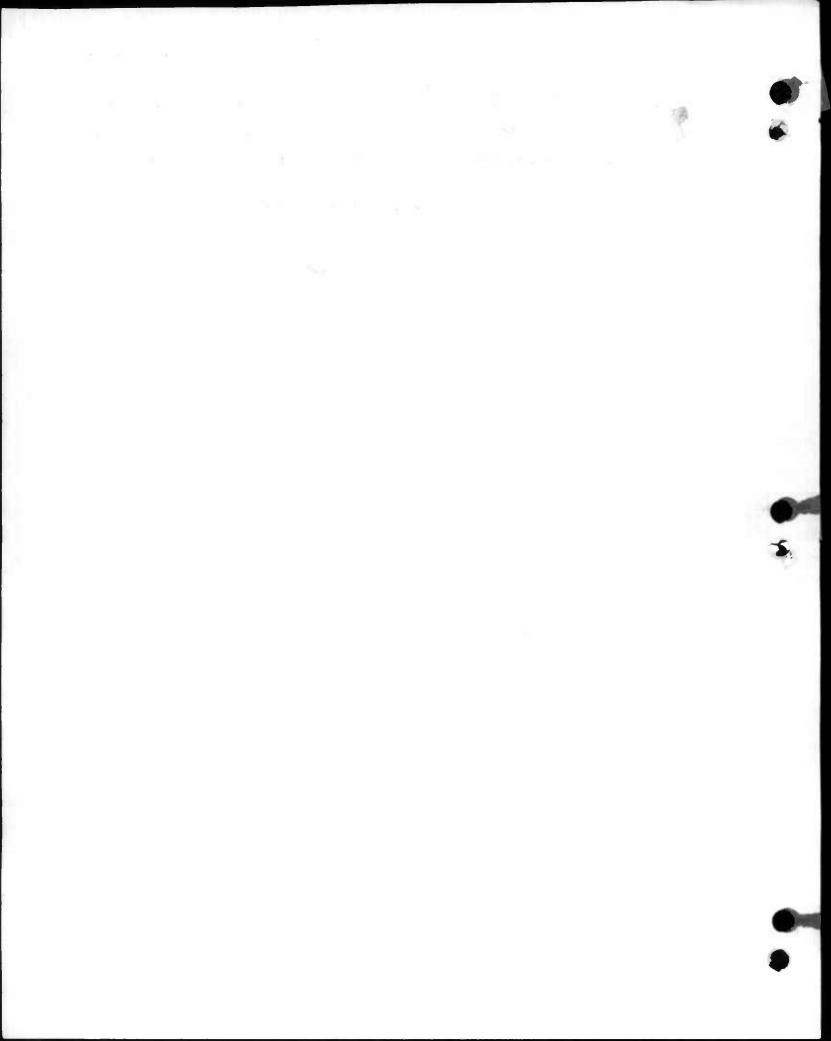
\* (1)

3	
ВОХ	
P.0.	
RECORDS,	
VITAL	
OMO	

	918		UNEMI	LUYED
AND the hosp detache	17. FATHER'S NAME (First, Middle, Last)			18. MO
MARYLAND retained by the hospi 5 should be detached notified at once. TO BE COMP	GOLDIE K. TOY	'ER	- 1	AN
Illed Illed	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street and Numb
MARY be retained ge 5 should e notified TO BI	JO ANN HILL		417 W	ATTY COU
ORE, 6 may b ctor, page	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	PLACE OF DISPOSITION other place)	(Name of cemetery, cre
Page 6	4 Donation 5 Other (Specify)		ARRISON F	OREST V
death.	F	JY Si	2	ъм.с. м
By after of in by the or removal medical or	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that caused List only one ceuse on e		
the the	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO	PULMONA	RY ARR
र है है है			CONSEQUENCE OF):	REBNO 1
T S TE E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEDUENCE DF):	
BOX infects be an physician one prior to her traum	CAUSE (Disease or Injury		CONSEQUENCE OF):	, , , , , , ,
P.O. BOX 13 Jeath certificate be executed attending physician and a matal Hygiene prior to build by, or other traumatic CERTIFICATION	that initiated events resulting in death) LAST		TENSIO	N
CORDS, ires that the signed by the teath and Me ws any inju	PART II. Other significant condition  NON INSULI	na contributing to death b		a underlying cause AFTE'S M
L REC law requents been bept. of bept. of a 23 shores of AN: M	25. WAS CASE REFERRED TO MEDICAL			26, PLACE DF
F VITAL RI CLAN: The law re certificate has been the State Dept. of ed, or Item 23 si PHYSICIAN:	EXAMINER?	HOSPITAL: 1 1 inpatient 2   ER/Outs		HER: Nursing Home 5 🗆
Marked, C	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2
2 = B	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, ferm, street, cify)	factory, offica
DIVII OSPITAL OR AT UNERAL DIFECT AINT: If Item 2	(Critical bring	ICIAN: To the best of my know ER: On the basis of examination		
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If II	/	roph bel. n	-	29c. LI
۴	30. NAME AND ADDRESS OF PERSON WITH	H FELI , MO	BON S	Ecouns H
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		

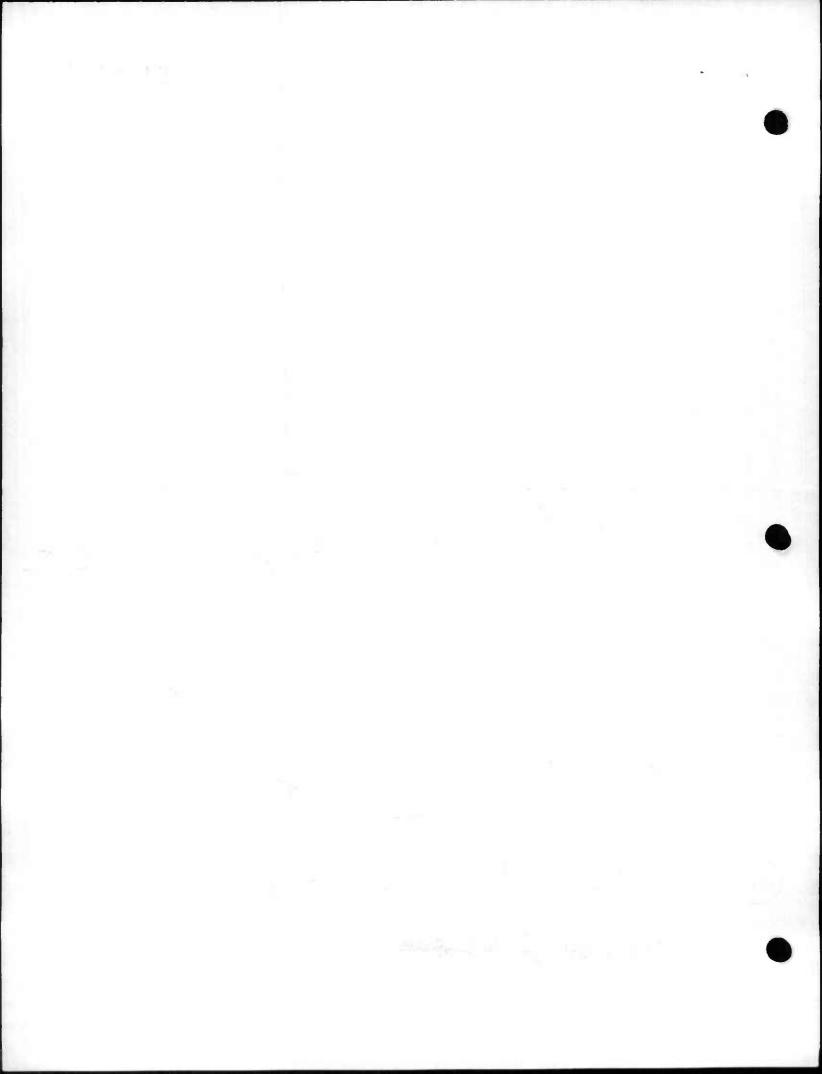
	FOR STATE OF MARYLAND / CE	DEPARTMENT (		MENTAL HYGIEN		26862
	1. DECEDENT'S NAME (First, Middle, Lest)  BEATRICE HILL	4		2. DATE DF DEATH DO NOTH	97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  216 12 8993 1 1 M 2 1 67	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	23	SIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not institution, give atreet and number) HON SECOURS HOSPITAL	96. CITY T	CATIMORE	EATH	9c. COUNTY	RYLAND
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR		d 2/223		10d. INSIDE CITY LIMITS? 1 VES 2 ND
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	DF WHAT COUNTRY?
FUNERAL	1631 MULBERRY STREET		21223			.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 PM IF YES, GIVE WAR DR DATES	13. W	S DECENDENT DF HISPAI res, specify Cuban, Maxica YES 2 17 NO Specif	NIC ORIGIN? (Specify Yei in, Puarto Rican, atc.) y:		RACE — American Indien, Black, Whita, etc. Specify: BLAK
TED	(Specify only highest grade completed) (G	CEDENT'S USUAL OCC live kind of work done du . Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUST	RY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	UNEMPLO	YED			
SOM	17. FATHER'S NAME (First, Middle, Last)		1	ME (First, Middle, Maiden	Surname)	
BE	GOLDIE K. TOYER	4		JOHNSON		
2	19a. INFORMANT'S NAME (Type/Print)  JO ANN HILL		Street and Number or Rural Y COURT/I			M
	20a, METHOD OF DISPOSITION 20b. PLACE	OF DISPOSITION (Name	of cemetery, crematory or		CATION — City	
	1 M Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) GARR	SISON FOR	REST VA CI	EM. OWI	NGS M	ILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N/	ME AND ADDRESS OF FA	CILITY		
	Free / Are					NORTH AVE
	<ol> <li>PART I. Enter the diseases, or complications that caused the de ahock, or heart fellure. List only one ceuse on each line</li> </ol>		te mode of dying, suc	ch as cardiac or reap	lretory arrest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	LMONARL	ARREST			Onset and Death
	resulting in death) a. Due TO (OR AS A CONSE	OUENCE OF):		1		
Z	Sequentielly list conditions, if any, leading to immediate	2 (tre	BNO VASC	-UPAR AC	CIUEN	
ATI	cause. Entar UNDERLYING	LENOS1:	5 AND 71	TROMBOI.	15	
CERTIFICATION	that initiated events	OHENCE OF				
ERI	resulting in death) LAST	,1031010				
	PART II. Other significant conditions contributing to death but not					24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	NON INSUIN DEPENDEN	// IJTABE	LES MIELLI	1   YES :	NO	COMPLETION OF CAUSE OF DEATH?
ME						1 TYES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE DF DEATH (CI	heck only one)		
SIC	EXAMINER?  1 ☐ YES 2 ☐ NO  HOSPITAL:  1 ☐ Inpatient 2 ☐ ER/Outpatient 3	OTHER:	ng Home 5 🗆 Residence	8 Other (Specify)		
РНУ	27. MANNEB OF DEATH  26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1	Bc. INJURY AT WORK?	28d. DESCRIBE HDW	INJURY OCCUR	ED
ВУ	2 Accident Investigation	Ome form street factor	1 YES 2 ND	28f. LOCATION (Street	and Number or	Bural Bruta Number
TED	3 Suicide a Could not be determined 296. PLACE OF INJURY — At No building, etc. (Specify)	one, rain, ander, tactor	y, 0110a	City or Town, State	)	water ristate ristances,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, do not be best of my knowledge.					ause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
O BE	lonet V. mogniteli, mo		0149	49	▶ 09	1, 1991
ТО	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	BON SEC	ours Horp	ITAL BA	10.,	ma 21223
	31. DATE FILED (MONIN, Day, Your)  OCT 0.3 1991  Sunia Navidana Panda					

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rust be notified at once.
	24 hours after death. Page 6	filled in by the funeral direction, or removal.	he medical examiner m
F VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 2.	certificate has been signed by the attending physician and completely filled in by the f in the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IVISION OF VITAL &	IR ATTENDING PHYSICIAN: The law I	IRECTOR: After this certificate has be urs after death with the State Dept.	em 28 is marked, or Item 23 s
(	TO THE MOSPITAL D	THE PLINERAL DI	IMPORTANT: If Ite

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		20000
	1. DECEDENT'S NAME (First, Middle, Last)		elinda Hunt	er		2. DATE OF OEATH 09/30/91		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 213-05-9445	5. SEX 6.	AGE (In yrs. last birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Marc)	1901	BIRTHPLACE (State or Foreign County) Baltimore
TOR	90. FACILITY NAME (If not institution, give  855 Reverdy Represent				on Location of o	EATH		of OEATH imore City
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	altimore C	ity 10c. CIT	Y, TOWN OB LOCA Baltii	nore			10d. INSIDE CITY LIMITS? XXXXES 2 \( \text{NO} \) NO
ERAL	100. STREET AND NUMBER 4205 Falls RD			10	21211			N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES ZINO	If yes, sp	CENDENT OF HISPA ecify Cuber, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) O L N	UCATION le completed) College (1-4 or 5 +)	(Give kind of a	usual occupation work done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE CO		John Pereg				ME (First, Middle, Maiden Elizabeth	Myers	
10	Barbara Hinkl	e		ADDRESS (Street of 55 Rever		Route Number, City or Tow Baltimore		21212
	ALS Buriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE OF COMPETER STATE OF COMPETE	of disposition (New Circle)	M Church	1	cation — city Upperc	or Town, State O, MD
	21. SIGNATURE OF FUNERAL SERVICE	as Carpen	tw	3631	Falls R	D. Baltim	roe, M	
	23. PART I. Enter the comments of shock, or least failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	List Dniy Dna Cause	Dn aach lina.  Cowl  R AS A CONSEQUENCE OF				retory arrest	Approximate interval Batween Onset and Death
CERTIFICATION	Sequantially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE OF					
	PART II. Other significant condition	dns contributing to da	ath but out resulting i	in the underlying	Cause alven In	Boot I as was an	ALEED ON	
PHYSICIAN: MEDICAL				The directions	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	N/Outpetient 3 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
ву рну	27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	URY 28b. TIM	E OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
- 4	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — A1 home, ferm, a (Specify)			281, LOCATION (Street a City or Town, State)	and Number or I	Burel Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS (Chock only one)  2 MEDICAL EXAMINE	ICIAN: To the best of my ER: On the basis of exam	knowledge, death occurre	nd at the time, date	end place, end due	to the cause(s) end man	ner as stated.	nuse(s) end menner ee stated.
TO BE C	296. SIGNATURY AND TITLE OF CERTIFIE	J 0 H	_	-	29c. LICENSE NUM D129:	1,175.0	29d. DATE 9	GNED (Month, Day, Year)
	Dr. Phillip Moo	ore Good S	Samaritan H					
	31. DATE FILED (Month, Day, Year) OCT 03 1991	ilia David	SIGNATURE SON-AGNOSEL					



	١.
	1 41 4 4
_	ľ
-	
3	
7	4
00	
9	
×	
0	
~	
ш	
-	3
O	
0	
_	3
S	,
Ö	
~	
7	
$\mathcal{O}$	i
O	
ш	
Œ	
. 1	
=	-
	í
>	4 0
LL	5
$\overline{a}$	2
0	i
Z	(
0	1
=	
S	6
=	į
	0
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760</b>	-
	2
	The second secon

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART CERTIFIC	MENT OF H	IEALTH AND MI	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	BEALE WE		IAMILTON			Oct. 2,	1991	12:40 A. M
	218-03-3977	M 2 □ F		MONTHS DAYS	HOURS MIN.	Morith, Day, War) June 20,19	908	BIRTHPLACE (State or Foreign Country) Maryland
ac	9e. FACILITY NAME (If not institution, give s	itreet and number)		96. CITY, TOWN C	OR LOCATION OF DEAT		9c. COUNTY	OF DEATH
JOT.	Stella Maris			Towsor	1		Balt:	imore
DIRECTOR	10e. STATE 10b. COUNTY	timore		TOWN OR LOCAT	'ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1720 Weston Aven			101	21234		USA	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried  5 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 X NO	If yes, spe	ENDENT OF HISPANIC ecify Cuben, Mexicen, I 2 NO Specify	ORIGIN? (Specify Yea Puerlo Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	10e, DECEDENT'S US (Give kind of wor life: Do NOT use	ISUAL OCCUPATION of the done during money interest.	ON st of working	166. KIND OF BUS		
MP	12 years		- Steel W	Vorker		Armed	)	
BE CO	17. FATNER'S NAME (First, Middle, Last)  Marmaduke Hamilt	on				(First, Middle, Meiden Saude Welc		
0	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou			de)
	Mary Helen Coope				venue Ba			.234
	TV Buriel 2 Cremetion 3 Remo	loval from State	206. PLACE AND DATE OF COMMENT OF	er niecel	1			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		HOTA VEGE	7-	ETERY  ID ADDRESS OF FACIL	10/4 Ba1	timore	, MD
	· John Es	Lolon		8521	on Funera	n Dired		21204
N	23. PART I. Enter the diseases, prospective in the second shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CCCL  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CCCL  DUE TO (OR AS  DUE TO (OR AS  CCCL  DUE TO (OR AS  DUE TO (OR AS  CCCL  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	n aach lina.	t entar the mod	da of dying, such a	ne cardiec Dr reeple		, Approximate interval Between Onset and Daath
ICATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. CUNS	A CONSEQUENCE OF):	neli	fis			
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant conditions	a contributing to deeth	but not resulting in	the underlying	cause given in Par	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL.			ACE OF DEATH (Check	only one)		
PHYSICIAN:	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	utpatient 3 DOA	Nursing Home	• 5 ☐ Residence e [	Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)	r) INJUR	M 1 V	RK? 'ES 2 ND	8d. DEŞCRIBE NOW IN	JURY OCCUR	ED
- 11	3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	IRY — A1 home, ferm, stre pecify)	set, factory, office	26	B1. LOCATION (Street e. City or Town, State)	nd Number or F	lural Route Number,
COMPLETED	MEDICAL EXAMINER							euse(s) end menner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Howard	. M.Z	٥.	D /36	×9	29d. DATE SIG	GNED (Month, Day, Year)
	on Nester Carmon				nore, MD			



31. DATE FILED (Month, Day, Year)

OCT 0 3 1991

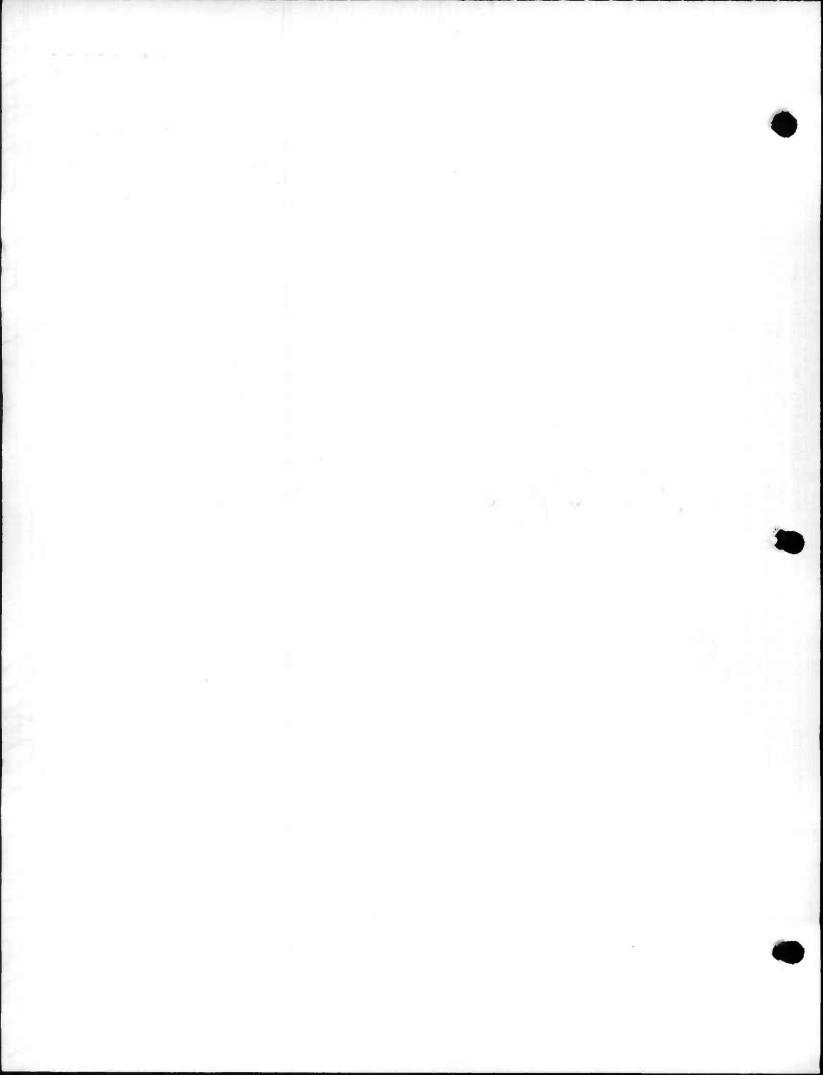
32. REGISTRAR'S SIGNATURE Likia Davidson-Ro

BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	to the notified OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	THE INVENTAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the its winn it hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	

1. DECEDENT'S NAME (First, Middle, La				2. DAT	TE OF OEATH		3. TIME OF OEATH
Lauton					0 - 2	- 91	4130
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 KONTHS DAYS HOURS		E OF BIRTH	8. 8	BIRTHPLACE (State or Foreign
9e. FACILITY NAME (If not institution, git		67 YRS.		12	1-15-2		Va.
0 1 0	nt General +	tuspital	Randals-			Bed.	timune
Md.	New York Company		timore				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		L Dal	10f. ZIP CODE			10a CITIZEN	1 YES 2 ☐ NO OF WHAT COUNTRY?
1800 Hollins	Street		212	23		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIG	IN? (Specify Yes o	or No.— 14.	RACE — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yes, specify Cuban,	Wexican, Puert Specify:	o Rican, etc.)		Black, White, stc.
							Black
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S US	rk done during most of working	1	6b. KIND OF BUSH	NESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use					
17. FATHER'S NAME (First, Middle, Last)			Mechanic			auto	
	HUGHSTON				ODWARD		
19a. INFORMANT'S NAME (Type/Print)	HOGHSTON	10h MAII NO 1	DORESS (Street and Number or				
Mona Hughsto	n Watson		rownstone				
20a. METHOO OF DISPOSITION	20	0b. PLACE AND DATE OF			_		or Town, State
1 Suriel 2 Cremation 3 R. 4 Donation 5 Other (Specify)	emoval from State	emetary, crematory or other	r place)				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	TING Mellic	rial Park		/ J Dal	to.,	Ma.
			22. NAME AND ADORESS	OF FACILITY			
& sameul	Mata				Morton	. & Sc	ons
23. PARTI. Enter the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ceuse on	sech line.	Jame 1701 La t enter the mods of dying	S A. urens , such as ca	S+ P	Ralto, story srrest,	Approximate Interval Betw
23. PARTI. Enter the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition	a. End S  DUE TO (OR AS  DUE TO (OR AS  C.	A CONSEQUENCE OF):	Jame	S A. urens , such as ca	S+ P	Ralto, story srrest,	Approximate Interval Betw
23. PARTI. Enter the diseases, shock, or heart felium immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. ENDS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Jame 1701 La tenter the mode of dying  nyestive h  umonitis,	s A. urens urens such as ca	S+ P	atory strest,  PC  UTOPSY JED?	Approximate Interval Betw Onset and Do
shock, or heart feiture in the disease of shock, or heart feiture in the disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions in the condition of	a. End S  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	Jame 1701 La tenter the mode of dying  nyestive h  umonitis,	s A. urens , such as ca leave	24a. WAS AN AI PERFORM	atory strest,  PC  UTOPSY JED?	Approximate Interval Betwoonset and Dr. Onset
23. PART II. Enter the diseases, shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. End S  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	Jame 1701 La t enter the mode of dying the underlying cause give 28. PLACE OF DEATTHER:	s A. urens , such as ca leavel	24a. WAS AN AI PERFORM 1 YES 2	atory strest,  PC  UTOPSY JED?	Approximate Interval Betwoonset and Dr. Onset
23. PART I. Enter the diseases, shock, or heart felium immediate (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the con	a. EVAS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	Jame 1701 La tenter the mode of dying tenter the mode of dying the underlying cause give  28. PLACE OF DEA THER: NUTSING HOME 5   Resid	s A.  Urans , such as ca  leavel  en in Part i.  H (Check only)	24a. WAS AN AI PERFORM 1 YES 2	Balto, story srrest,	Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset Interval
23. PART I. Enter the diseases, shock, or heart felium immediate (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the co	a. EVAS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	Jame 1701 La tenter the mode of dying tenter the mode of dying the underlying cause give  28. PLACE OF DEA	s A.  urens , such as ca  leavel  en in Part I.  H (Check only)  ence 6 0tt	24a. WAS AN AI PERFORM 1 YES 2	Balto, story srrest,	Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset and Dr. Approximate Interval Betw Onset Interval
23. PART I. Enter the diseases, shock, or heart feiture immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificent conditions in the conditions of	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in	Jame 1701 La tenter the mode of dying  Nyestive I  Monitor  28. PLACE OF DEAT  THER: Nursing Home 5   Resid	en In Part I.  H (Check only)  28d, Di	24a. WAS AN AL PERFORM  1 YES 2	Balto, story srrest, story srr	Approximate Interval Betw Onset and Dr. Onse
23. PART I. Enter the diseases, shock, or heart felium immediate (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions of the co	a. EVICE S  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in	Jame 1701 La tenter the mode of dying  Nyestive I  Monitor  28. PLACE OF DEAT  THER: Nursing Home 5   Resid	en In Part I.  H (Check only)  28d, Di	24a. WAS AN AN PERFORM 1 YES 2	Balto, story srrest, story srr	Approximate Interval Betw Onset and Dr. Onse
23. PART I. Enter the diseases, shock, or heart felium immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST  PART II. Other algnificent conditions and the conditions of	B. List only one ceuse on  a. End S  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  typetlant 3 DOA 4  255. THEE CONSEQUENCE OF):	Jame 1701 La tenter the mode of dying  Nyestive I  Monitor  28. PLACE OF DEAT  THER: Nursing Home 5   Resid	S A.  II P S  , such as ca  leavel  en in Part I.  H (Check only)  ance 6 Ott  286, 01  286, 01  d due to the c	24a. WAS AN AN PERFORM 1 YES 2	UTOPSY JED? NO  MIRRY OCCURE	Approximate interval Betwoonset and Date inte
23. PART I. Enter the diseases, shock, or heart felium immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST  PART II. Other algnificent conditions and the conditions of	B. List only one ceuse on  a. ENGS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (O	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  typetlant 3 DOA 4  255. THEE CONSEQUENCE OF):	James 1701 La at sinter the mode of dying the underlying cause give the underlying cause give the underlying cause give 28. PLACE OF DEAT Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Home 5 Resident Nursing Nurs	s A.  Il rans  , such as ca  lear-t  H (Check only  ance 6 Ott  28d, Di  d due to the cat the time, da	24a. WAS AN AN PERFORM 1 VES 2)  One)  TOTAL VES 2)  ONE (Specify)  EPORIBLE HOW INJ.  CATION (Specify)  Buse(s) and manners and place, and place, and place.	UTOPSY LED?  NO  MARY OCCURE  of Mamber of Ru	Approximate interval Betwoonset and Date inte
23. PART I. Enter the diseases, shock, or heart felium immediate (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the co	DUE TO (OR AS  DUE TO	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  tention 3 DOA 4  The consequence of the conseque	James 1701 Tall and senter the mode of dying the senter the mode of dying the senter the mode of dying the senter the mode of dying the senter	S A.  I PONS  Such as ca  Pear I  H (Check only)  Pence 6 Onl  28d, DI  d due to the cat the time, day  E NUMBER	24a. WAS AN AN PERFORM 1 VES 2)  One)  TOTAL VES 2)  ONE (Specify)  EPORIBLE HOW INJ.  CATION (Specify)  Buse(s) and manners and place, and place, and place.	UTOPSY LED?  IN OCCURE  If Mumber or Au  or ee stated.  due to the cau  20d. DATE SIG	Approximate interval Betwoonset and Da Onset
23. PART I. Enter the diseases, shock, or heart feiture in the disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST  PART II. Other algnificent conditions in the cause of the conditions in the cause of the cause	DUE TO (OR AS  DUE TO	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  tperlant 3 DOA 4  255. There on another form, sine	Tame 1701 Ta tenter the mode of dying tenter t	en in Part I.  H (Check only and the Control of the	24a. WAS AN AI PERFORM 1 VES 2)  One)  TOTAL VES 2)  ONE (Specify)  ESCRIBE HOW INJ.  CATION (Specify)  Buse(s) and manners and place, and the and the and t	UTOPSY LED?  IN OCCURE  If Mumber or Au  or ee stated.  due to the cau  20d. DATE SIG	Approximate Interval Betwoonset and Dr. Approximate Interval Betwoonset and Dr. Approximate Approximate Prior To Completion of Caus of Death?  1  Yes 2 No No No No No No No No No No No No No

A THE SECOND STATE OF THE the legan to a manufacture of properties were considered to Array of property of the control of The state of the s STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Fin	nt Middle Leath		-		10,111	- 01	DEA		2. DATE OF DEATH			3. TIME OF DEATH
		na Hayes	, SND						MONTH DA	19	YEAR 91	1:30 A
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDE	7	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
214-54-	9862	1 🗌 M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	4-1-1896			sachusetts
9e. FACILITY NAME (If not	institution, give s	street and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE		9c. COL	JNTY OF D	DEATH
Villa Juli	e Infi	rmarv			S	teve	nson			Ra1	timo	re
RESIDENCE OF DE	CEDENT									Dai	CIMO	10
10e. STATE	10b. COUNT			10c. CIT	ry, town	OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland		imore		St	even	son						1 TES 2 NO
10e. STREET AND NUMBE						10	. ZIP COD			10g. CI	TIZEN OF	WHAT COUNTRY?
1531 Gree	nsprin						211				S.A.	
11. MARITAL STATUS	7.40.		T EVER IN U.S. ARI		13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14, RAC Blac	E — American Indien, k, White, atc.
1 Never Merried 2 3 Widowed 4 Dh		IF YES, GIVE	MAR OR DATES				2 X NO				Spec	
	CEDENT'S EDU	ICATION .	40 - DE	OFDENITIO	1101141 0	COLIBATI	DAI					ite
(Specify o	nly highest grade	completed)	(Gi	ve kind of	work done se retired.)	during mo	ost of world	ng	18b. KIND OF BUS	SINESS/IN	IDUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)						Cobesi			
17, FATHER'S NAME (First,	Middle Loath	4	3	uper	ior	PIII	-		School  ME (First, Middle, Malden	0		
Michael W.												
MICHAEL W.			- 1	Mana	O ADDDDD	0 /0/			et Fleming		- O- 11	
		**** O ****					iria Numbe	r or Mural	Route Number, City or Tow	rn, state, Z	in (-000)	
Villa Juli		ımary	20b. PLACE		as					CATION	04	
1 S Buriel 2 Cremet	ion 3 🗆 Rem	rom State	Ther ple	ice)	ALC: NO PERSON IN							own, State
21. SIGNATURE OF THE		could 1	JIJNO	tre			amur		.10/3/91	llch	este	r, Md.
1//	10	VII /	1/						Funeral Ho	me.	Inc.	
23. PART I. Enter the	1	Mager	de			1050	Yor	k Rd	., Towson,	Md.	212	04
disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	itions, rediate YING jury	b. Pos Due To c. Sen	O (OR AS A CONSECUTION OF	A DUENCE O	)F):	he		de	el mje	Lch		
PART II. Other algorities	cent condition	ne contributing to	o death but not r	esulting	In the U	nderiyin	g cause	given in	Part I. 24a. WAS AN PERFO!	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (C)	neck only one)			
1 NES 2 NO		1 🗆 Inpatient 2	☐ ER/Outpatient 3		4 🗆 Nu	raing Hor		lesidence	8 Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	ME OF JURY	W	JURY AT DRK?		26d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident	Investigation				M		YES 2	NO				
3 Suicide 8 Homicide	Could not be	28e. PLACE building	OF INJURY — At ho	me, farm,	atroot, fac	tory, offic	:0		28f. LOCATION (Street City or Town, State)	end Numb )	er or Rural	Route Number,
29e. CERTIFIER 1 CE	HTIFYING PHYS								a to the cause(a) and ma			(e) end menner ea stated.
29b. SIGNATURE AND TIT		red	ineA	pol	'er	(1)		ENSE NU	MBER		TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS						-			W- 1 ·	010	0.0	
	Bose,M.			IT LI	lace	- Ba	altin	nore,	, Maryland	2120	UZ	
31. DATE FILED (Month, De	T 0 2	32. REGISTS	AR'S SIGNATURE	1-P1	place							
												DHMH-18 Rev



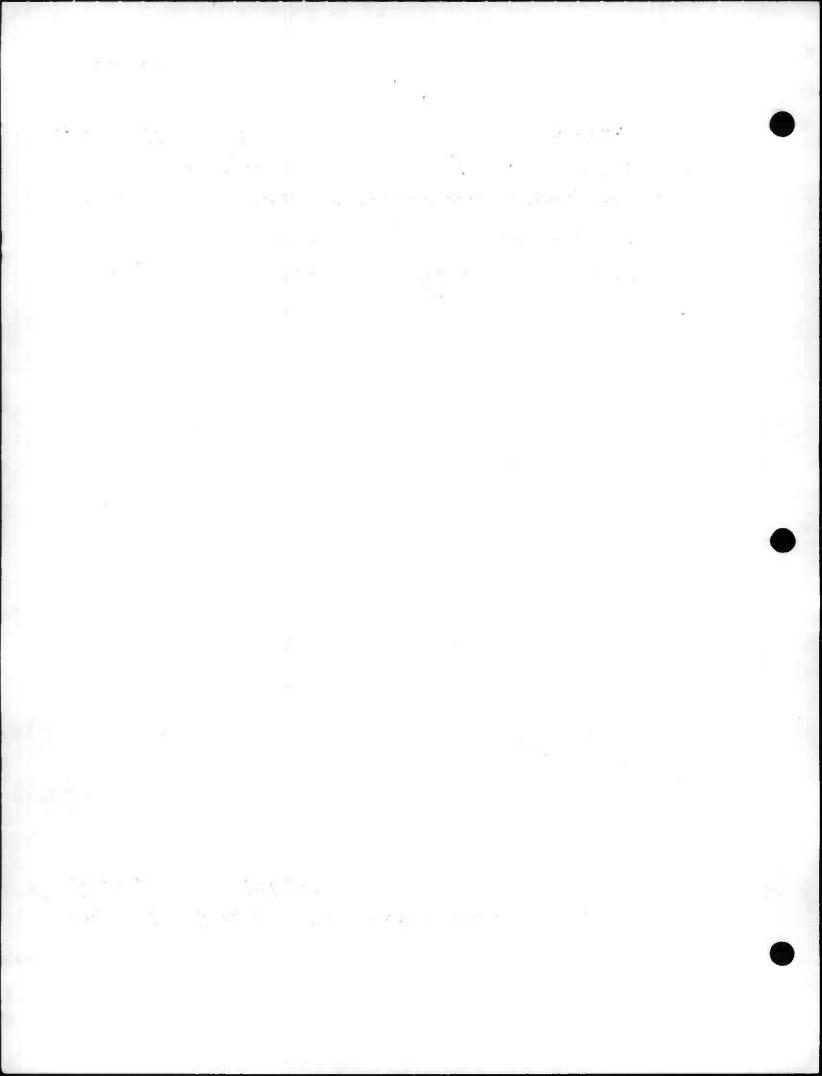
S	5
0	ab a
æ	-
7	-2
×	n
3	V۵
щ,	Æ
Œ	-
3	4
4	9
$\vdash$	F
VITAL	4G PHYSICIAN
OF VI	80
L,	50
0	Ì
7	Q.
DIVISION	N
$\subseteq$	OR ATTENDING
S	ŭ.
=	-
=	00
	C
	B
	a
	S
	X
	THE HOSPITAL

	1. DECEDENT'S NAME (First, Middle, Last)		CERTI	TOATE O	DEATH	10.00	REG. NO.		
1	HARRIETT			но	LLEY	2. DAT	e of DEATH	199	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday			7. DAT	E OF BIRTH		IRTHPLACE (State or Fore
	219-05-1708	1 - M 2 - F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Mor	3-16-14	C	S.C.
	9e. FACILITY NAME (If not institution, give				OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH
	LIBERTY MEDICA	AL CTR		BALTI	MORE				
Suit Colon	RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	гү	10c. C	ITY, TOWN OR LO	CATION				10d. INSIDE CITY
5	MD		1	BALTIMOR	E				LIMITS?
	10e. STREET AND NUMBER	TOPPT			101. ZIP CODE				OF WHAT COUNTRY?
- CIVETING	2828 BRIGHTON S	IKEEI			21216			US	SA
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARMED		ECENDENT OF HISP specify Cuben, Mexi				RACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES A		ES 2 NO Spec		,,		Specify: BLACK
	15. DECEDENT'S EDU	JCATION	18e. DECEDENT	S USUAL OCCUPA	TION	16	b. KIND OF BUS	SINESS/INDUSTR	RY
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5		f work done during use retired.)	most of working				
	12th						CLEAN	ERS	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Surname)	
	JAMES KIRKLAND  194. INFORMANT'S NAME (Type/Print)				MARY				
?	BENNY KEARSE		2828	BRIGHTO	N ST. BA	LTO.	MD 2	n, State, Zip Code 1216	)
	20g METHOD OF DISPOSITION 1 🖸 Burlel 2 🗆 Cremetton 3 🗆 Rem		20b. PLACE AND DAT			DA		CATION — City of	of Tream State
	1 2 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	CALV			10-4-		ALTO. N	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 11		AND ADDRESS OF				21215
	* Koren 1	navas	int Kon	MAD	CH E /H M	CCT /	1000 110		
	23. PART I. Enter the disesses, pr shock, or heart fellure. IMMEDIATE CAUSE (Final	complications that Liet only one ceu	it caused the death. Do	not enter the n	node of dyling, su	ich as cei	rdiac or respi	ratory arrest,	Approximate Interval Bette Onset and E
	snock, or neart fellure.	DUE TO  DUE TO  DUE TO	to caused the deeth. Of the on each line.  (OR AS A CONSEQUENCE)  (OR AS A CONSEQUENCE)	not enter the n		ich as cei	rdiac or respi	ratory arrest,	Approximate Interval Bets
	Since, or near reliare.  IMMEDIATE CAUSE (Final disease or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO  d.	(OR AS A CONSEQUENCE	not enter the not only of the	Heart	e /	rdiac or respi	AUTOPSY MED?	Approximate Interval Bets
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO  d.	(OR AS A CONSEQUENCE	not enter the not only of the	learly	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Bett Onset and E Onse
	SINGER, or near reliare.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	DF): DF): DF): OF): OF): OF): OF): OF): OF): OF): O	Ing cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	Approximate interval Bett Onset and E Onse
	IMMEDIATE CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition of the condition of	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	OF):  OF):  OF):  OF):  OTHER: 4   Nursing No.	node of dying, su	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DE CAL OF DEATH?
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	OF):  OF):	Ing cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DE CAL OF DEATH?
	IMMEDIATE CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  "XYES 2 NO  27. MANNER OF DEATH  Natural 5 Pending investigation 3 Suicide 8 Could not be	DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpatient 3 X DOA  INJURY (Noar)  28b. Till  FINJURY — At home, farm	OF):  OF):	Inde of dying, surface of dying, surface of DEATH (Common 5   Residence NUJURY AT (ORK?	n Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DE CAL OF DEATH?
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXES 2 NO  27. MANNER OF DEATH  Watural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpetient 3 X DOA  INJURY  ey, Year)  28b. Till	OF):  OF):	Inde of dying, sure place of dying, sure given in the place of DEATH (Common 5   Residence NUJURY AT (ORK?	n Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	Approximate interval Betwoen and E onset a
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXES 2 NO  27. MANNER OF DEATH  Hatural 5 Pending Investigation investigation of the determined condition of the determined condition investigation investigation investigation and condition of the determined condition of the determined condition investigation in the determined condition in the death of the determined investigation in the death of t	DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	DF):  DF):  DF):  DF):  DF):  OTHER: 4   Nursing Home of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of Mark	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  VES 2   No	n Part 1.	24s. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?	Approximate interval Betwoen and E Onset a
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXES 2 NO  27. MANNER OF DEATH  Hatural 5 Pending Investigation investigation of the determined condition of the determined condition investigation investigation investigation and condition of the determined condition of the determined condition investigation in the determined condition in the death of the determined investigation in the death of t	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpatient 3 X DOA  INJURY 28b. Till  FINJURY — At home, farm atc. (Specify)	DF):  DF):  DF):  DF):  DF):  OTHER: 4   Nursing Home of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of Mark	node of dying, surface of dying, surface of DEATH (Come 5   Residence NJURY AT YORK?  1) YES 2   NO lice	n Part I.  Sheck only of a Other Color City on the case time, dat	24s. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  SURY OCCURE  and Number or Ru  her ee stated.  d due to the cau	Approximate interval Betwoen and E Onset a
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	DF):  DF):  DF):  DF):  DF):  OTHER: 4   Nursing Home of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of July Mark of Mark	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  1) YES 2   NO lice  1 29c. LICENSE No.	n Part 1.  Check only of a Other Circle to the care time, data	24s. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  SURY OCCURE  Ind Number or Ru  and due to the cau  29d, DATE SIGN	Approximate interval Betwoen and E Onset a
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OF):  OF):	Inde of dying, surface of dying, surface of dying, surface of DEATH (Common 5   Residence NJURY AT YORK?  1) YES 2   NO lice of the end place, end du death occurred at the course of th	n Part I.  Check only of 28d. De 28d. Lo City is to the case time, det	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  Autopsy or Ru  Autopsy or	Approximate interval Betwoen and E Onset a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within control of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 2 hours after death with the State begin of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 2 hours after death with the State begin of Health and Mental Hygines point to burial, cremation, or emoval.
--

	1 - STATE REGISTRAR	SIAIE UF MARTL	CERTIFIC			MENIAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  NANNE	JOHNSON	JONES			2. DATE OF DEATH DATE OF THE D	91	3. TIME OF DEATH	
	2-1 11 11 11	SEX 8. AGE (1		F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Nanth Day, Year)	0		
NC N	9a. FACILITY NAME (If not institution, give atreet		4 44	_	bia, m		9c. COUNTY	OF DEATN	
DIRECTOR	RESIDENCE OF DECEDENT	1		TOWN OR LOCAT	7		, ~		
PHI	me, Hou	aid	and the same of th	lumb		nd		LIMITS?	
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	5632 Stevens		OAd		21045		U	3A)	
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:		Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)		Me. Do NOT use i	k done during mo retired.)	st of working	16b. KIND OF BUS	SINESS/INDUST	RY	
N N	REGISTERED NURSE  17. FATHER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Meiden Surname)								
	GENERAL JOHNSON				27.20	E WILLIAMS	Surramey		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tow	n, State, Zip Cod	(o)	
2	GWENDOLYN JONES		2333 KA	PIOLANI :	BLVD APT.1	813 HONULULU,	HAWAII	96826	
	20a. METHOD OF DISPOSITION 1   Burlal 2 □ Cremation 3 □ Ramoval	from Stata	other place)				CATION — City	or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS		OSE LAWN MEM	L 22 NAME A	ND ADDRESS OF EA	CHUTY			
	A Now !	Kha	1 - /	JOSEP	H H. BRO	WN JR. FUN			
	23. PART I. Enter the diseases, or com	plications that cause	d the desth. Do not						
	shock, or heart failure. List IMMEDIATE CAUSE (Finel							Interval Between Onset and Death	
	disease or condition resulting in death)		Servere	con	gustive	faile	re "		
				70.0	1000	0 -		-/	
NO	Sequentially list conditions, DIF TO (OR AS A CONSEQUENCE OF)								
SAT	if any, leading to immediate cause. Enter UNDERLYING		REMA	2 12	EU 1940	HENCY			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	. ,=	11				
Ë	d	<b>S</b>	NOESTIV	E	LP LUC	OMEGALY			
AL	PART II. Other aignificant conditions c	ontributing to death b	out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
DICAL						1 _ YES :		COMPLETION OF CAUSE OF DEATH?	
YSICIAN: ME						_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)	/		
SIC		OSBITAL:		OTHER:		6 [] Other (Specify)			
PH	27. MANNER OF SEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY W	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	M 1 YES 2 NO    Investigation								
TED	4 Homicide 6 Could not be determined	building, etc. (Spe	icity)			City or Town, State,	)		
D BE COMPLETED	cool only	N: To the best of my know						ause(a) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		ura va		29c. LICENSE NU	IMBER	29d. DATE SI	GNEO (Month, Day, Year)	
TO B	Inlug to	choon	y		0289	2/	RICHNOND, VIRO  PC. COUNTY OF DEATN  POWARD  10d. INSIDE CITY  10d. INSIDE CITY  11d. YES 2  10g. CITIZEN OF WHAT COUNTRY?  USA  Fas or No-  14. RACE — American India Black, Whita, atc. Specify: BLACK  BUSINESS/INDUSTRY  Pen Surname)  Sown, State, Zip Code)  U, HAWAII 96826  LOCATION — City or Town, State  NOVER, CO. VIRGINIA  NERAL HOME, P.A.  MD. 21223, P.O. BOX  Approximation interval Boonset and  Onset and  Approximation or completion or comp	3091	
	30. NAME AND ADDRESS OF PERSON WHO C	MPLETED CAUSE OF DE	// A -		RD C	BUMBIA	mo	21044	
	31. DATE FILED (Month, Day, Year) OCT 03 1991	32. REGISTRAR'S SIG	gandelle						





-	S	
0	ğ	
E S	2	
00	5	
43	ita	2
=	9	=
8	2	7
P	P	-
e	2	-
123	2	-
2	5	ě
2	90	60
ay.	2	-
E	9	S
9	50	E
90	-5	2
4	70	Ë
5	9	E
9	2	2
20	2 6	-
afte	y t	60
10	D P	-
S	- 5	a u
-	e .	-
24	TO TO	4
두	lety	
릏	le le	E
P	E	2
Je Je	S. E	u
2	23	200
8	20	Ē
2	ia	20
9	Sic	-
S	£ =	ē
ē	0.0	5
93	音を	
5	8 1	0
ea	FE SE	2
9	Se Se	.3
=	20	=
Tag.	2. 6	2
=	음도	7
and a	ea ea	20
3	O X	3
9	90	5
*	5 B	3
9	200	2
F	ate ate	- 2
ž	St	-
X	中里	0
S	93 =	900
¥	Nis Will	9
٥.	7	E
NG	fte eat	E
9	4 0	99
E .	Re le	00
A	5 6	2
or	RE UN	E
0	0 2	900
K	Z Z	=
0	EB	
8	3 €	Z
I	IL X	E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us the filled within 72 hours after death with the State Debt, of Health and Mental Horlere prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	1	4
7	1	1

				91 26869						
	1 - FOR STATE OF MARYLAND / DEPARTM REGISTRAR CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	ALL OF BEATTI	2. DATE OF DEATH	3. TIME OF DEATH						
	Benjamin P. Jones		MONTH October 2	1991 4:50 Am						
		UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)						
OR	9a. FACILITY NAME (If not institution, give street and number)  1 MVE/Sity of Mayland Medical Street	CITY, TOWN OR LOCATION OF D	eath Cou	INTY OF DEATH						
DIRECTOR	RESTORNCE OF DECEDENT  10a. STATE  Job. COUNTY  10c. CITY, TO	WN OR LOCATION	11.101	10d. INSIDE CITY						
	100. STREET AND NUMBER Ball HIMORE Bas	tomore.		LIMITS?						
FUNERAL	11. MARITAL STATUS 12. WAS DECEMBER FURTHER BUSINESS	2/2/2	2 (	Sen of What Country?						
B	1  Never Merried 2  Married	13. WAS DECENDENT OF HISPA II yes, specify Cuban, Maxic: 1 YES 2 NO Specify		14. RACE — American Indien, Black, White, etc. Specify: B/GCC						
COMPLETED	Conege (1-4 or 5+)	done during most of working ired.)	16b. KIND OF BUSINESS/INI							
OMP	Ship		Bethleher	m Steel						
BE C	Perlie Jones	Bu	rma Jones							
2			Route Number, City or Town, State, Zig Rd. Balto.,							
	20b. PLACE AND DATE OF DIS 1XI Burles 2 Cremation 3 Removel from State cometery, crematory or other p	lace)		City or Town, State						
	EL BIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY	gs Mills,Md.						
	* James a. Morton	1701 Laure	A. Morton & S	o., Md 21217						
	23. PARTY Enter the diseases, or complications that caused the death. Do not a chock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS CONSEQUENCE OF):	na .		Approximate interval Between Onset and Death						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Metrustatic prostate cause (au cer 3 years of the cause of the caus									
0	PART II. Other significant conditions contributing to death but not resulting in the	e underlying cause given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
PHYSICIAN: MEDICAL			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
. M										
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic		HER: Nursing Home 5 Residence								
F	27. MANNER OF DEATH 28e. DATE OF INJURY (Month Day Year) 28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OC	CURED						
B	Accident Investigation M 1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, elc. (Specify) 28a. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at a medical EXAMINER: On the basic of examination end/or investigation, in	the time, data and place, and due my opinion, death occured at the	to the cause(s) and manner as eter time, data and place, and due to the	ed.						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER KHUDR BURT	BAK 29c. LICENSE NUI	ABER 29d. DAT	E SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MI Shella MCBride MD	•								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE  Whia Javidson Rendam									

FOR STATE REGISTRAR

DANIEL

1. DECEDENT'S NAME (First, Middle, Lest)

1

מ	after
	hours
	24
, C	within
100	executed
3	9
0.0	certificate
,	death
ć	the
ב	that
	requires
1	WE
ζ	The
DIVIDIGION OF WITHE DECORDS, P.O. DOA 60/00	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
	ATTENDING
1	8
	TAL

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) NOV. 22,1945 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 F 168-36-3703 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 16933 Flickerwood Road Parkton 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore Parkton burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 16933 Flickerwood Road 21120 death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yes, specify Cuban, Mexican, Puarto Rican, etc.)
1 YES 2 X XO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced the 38 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION use 16b. KIND OF BUSINESS/INDUSTRY 10 Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 years Customer Ser. Rep. Blue Cross/Blue Shield once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be te Daniel E. Kauffman, Sr. Margaret E. Brennan BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul Cummings 16933 Flickerwood Road Parkton, MD 21120 og 20a. METHOD OF DISPOSITION
1 M Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata director, must Donation 5 Other (Specify) Cedar Grove Cemetery 10/3 Parkton, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral 22. NAME AND ADDRESS OF FACILITY
Johnson Funeral Home DIL the 8521 Loch Raven Blvd. medical 23. PART I. Enter the dieeeses, or complications that ceuaed the deeth. Do not enter the mode of dying, such es cerdiec or respiratory arrest, filled in by ahock, or heert failure. List only one cause on each line. 5 IMMEDIATE CAUSE (Final and completely fille bunal, cremation, the disease or condition resulting in death) event, O (OR AS A CONSEQUENCE OF) Mosis traumatic sarcoma CERTIFICATION Sequentially liet conditiona, prior to 1 DUE TO HAS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY and and shows any PERFORMED? signed I 1 TYES 2 NO been to t PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) ltem. certificate h HOSPITAL: OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Rasidence e 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCC marked, this ( Natural 2 Accident 5 Pending Investigation 1 YES 2 NO After t BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number City or Town, State) 40 3 Suicide COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 Item 2 \*\*\* CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If I MEDICAL EXAMINER: On the besis of a BE 29c, LICENSE NUMBER 2862 2 Samuel 1

whia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3100 St. Paul Street Baltimore, MD

KAUFFMAN, JR.

26870

YEAR

9c. COUNTY OF DEATH

USA

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Balto., MD 21204

1991

3. TIME OF DEATH

5:05 P.

1 YES 2 NO

White

Approximate

Onset and Death

8. BIRTHPLACE (State or Foreign

Pennsylvania

14. RACE — American Indian, Black, White, etc.

REG. NO.

DAY

29,

2. DATE OF DEATH

Sept.

TOPSY D? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO  Number or Rural Floute Number,  r as stated.  us to the ceuse(a) and manner as stated.  Dd. DATE SIGNED (Month, Day, Year)	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Number or Rural Route Number,  2 as stated.  1 but to the ceuse(a) and manner as stated.  1 as stated.  1 as stated.		
Number or Rural Route Number,  as stated,  us to the ceuse(s) and manner as stated.  and DATE SIGNED (Month, Day, Year)	Number or Rural Route Number,  as stated.  us to the ceuse(s) and manner as stated.  od. DATE SIGNED (Monifs, Day, Year)	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
and to the ceuse(s) and manner as stated.  Det. DATE SIGNED (Month, Day, Year)	and to the ceuse(a) and manner as stated.  And DATE SIGNED (Month, Day, Year)		
218	218	us to the c	ceuse(a) and manner as stated.
		/0	1/9/
DHMH-16 Rev 1/89	DHMH-18 Rev 1/8	218	
DHMH-16 Rev 1/89	DHMH-18 Rev 1/8		
			DHMH-16 Rev 1/89

21218

31. DATE FILED (Month, Day, Year)

03 1991

## STATE OF MARYLAND / DEPARTMENT OF HEAL

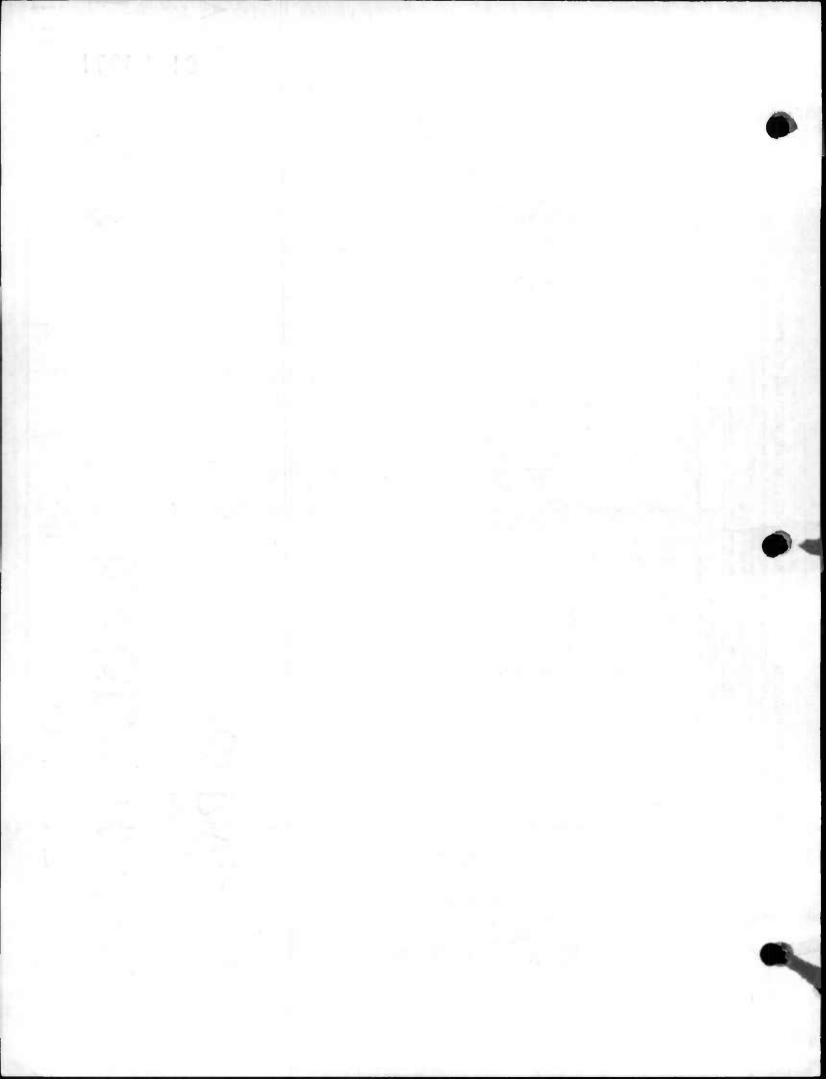
1 - STATE REGISTRAR			CATE OF DEATH		REG. NO		. 35	3		
1. DECEDENT'S NAME (First. Mirina 1				2. DAT	TE OF DEATH	WY:004	YEAR 3.	TIME OF OEATH		
	KELLER					1991		340 b m		
4. SOCIAL SECURITY NUMBER 216-24-0474	1 M 2 □ F	(In yrs. last birthday) 64 yrs.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS IN	7. DAT	E OF BIRTH	7	ATTY ]	CE (State or Foreign Land		
90. FACILITY NAME (If not institution, give Anne Arunel Me			9b. CITY, TOWH OR LOCATION Annapolis	OF OEATH		Anne	OF DEAT	indel		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md A	ne Arundel		TOWN OF LOCATION				- 1	I. INSIDE CITY LIMITS?		
10%. STREET AND NUMBER 1232 River Bay			10f. ZIP CODE 21 4 0 1	-			1.0	COUNTRY?		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	8 2 NO	13. WAS OECENDENT OF I	IISPANIC ORIG fexican, Puerte						
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		JSUAL OCCUPATION ork done during most of working retired.)	10	Bethl		STRY				
17. FATNER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Last)							Stee	31		
19a, INFORMANT'S NAME (Type/Print)	ADDRESS (Street and Number or	Margaret Vogel  itroet end Number or Rural Route Number, City or Town, State, Zip Code) er Bay Rd, Annapolis, Md. 21401								
Florence L. Ko	OF DISPOSITION (Name	D/	TE 20c. L	OCATION — C						
1 Burlel 2 Cremation 3 Removal from Stata of cemetary, crematory or other place) 4 Donation 5 Other (Specify) BAlto.										
21. SIGNATURE OF FUNERAL SERVICE L	ICENSILI		22. NAME AND ADDRESS Bradley-As 2134 WIllo	shton	Funer	ral Ho	ome,	INC.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b	S A CONSEQUENCE OF						Onset and Death		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d.										
PART II. Other algnificant condition	ons contributing to death	but not resulting li	n the underlying ceuse giv	en in Part i.		RMED?	CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER2 HOSPITAL: OTHER:										
1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)									
2 Decident investigation 3 Suicide 6 Could not be determined Coulding, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)										
cont only			d at the fime, date and place, a					nd manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	elouil,	Шо	29c. LICEN	SE NUMBER	>	29d. DATE	SIGNED M	onth, Day, Year)		
30. NAME AND ADDRESS OF PERSON V	selonich, u	1.0. 51		st. A	nnapol	is, Mu	a. 2	1401		
31. DATE FILED (Marith, Cay, Year) 1991	32 REGISTRAN'S SI	GNATURE ON-Randall								

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a more referred to the first property. Provided by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

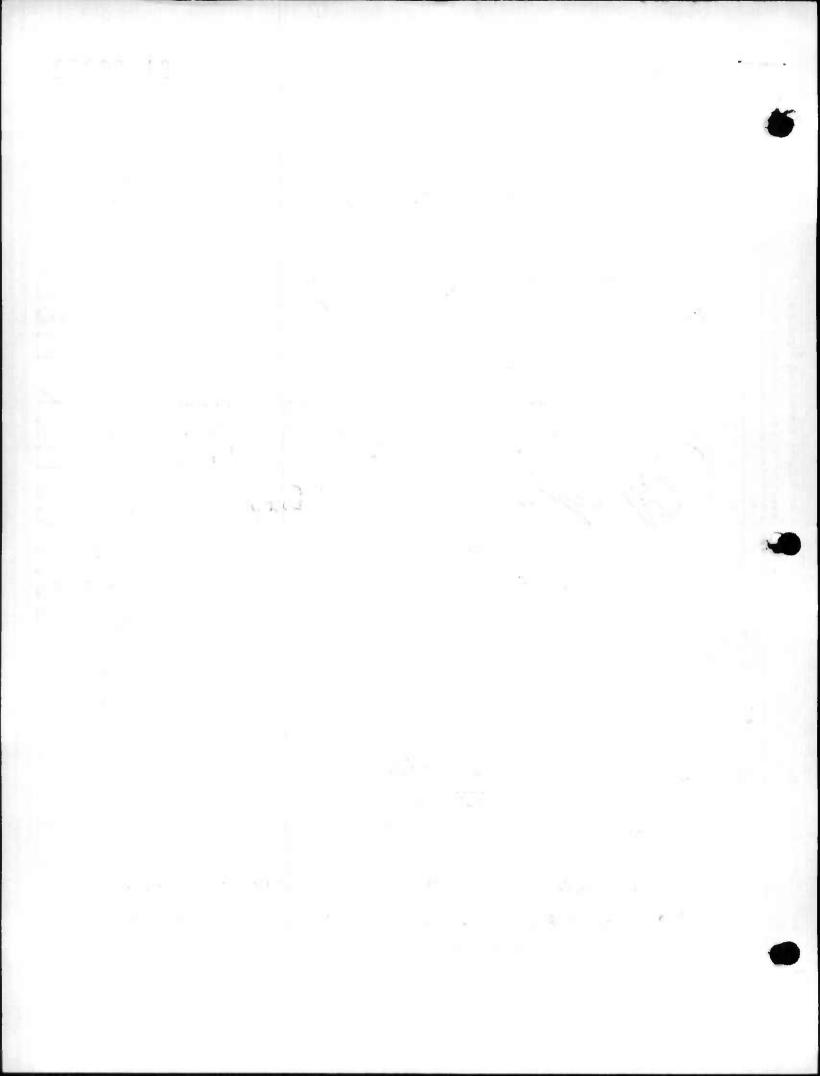
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				) MEN	ITAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) ANNA KOHLER						2. I	DATE OF DEATH	2-	gear	3. TIME OF DEATN 12:28 pm
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. leal birthday)	IF UNDER		IF UNDER 24 HR	B. 7. C	DATE OF BIRTH	Т	6. BIRTNI	PLACE (State or Foreign
217-14-9438	□ M 2 💢 F	91 YRS.	MONTHS	DAYS	HOURS MIN		Month, Day, Year) 7/19/1900		MAR	YI.AND
9e. FACILITY NAME (If not Institution, give street	and number)		9b. CITY	, TOWN O	R LOCATION OF	_	,, = 0, = 0	_	ITY OF DE	
RIVERVIEW NURS	ING CENT	RE, INC.	ES:	SEX				BAT	TIMO	RE
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		140-015			014					
			Y, TOWN C		ON					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	BALTO	R	OSED		7/2 0025					1 TYES 2 NO
					ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
2020 KELBOURNE ROAL	APT 102  WAS DECEDENT EVER	WILLS ADDRESS	1.0	_	21237	24142	RIGIN? (Specify Year	US		
1 Never Married 2 Merried  Widowed 4 Divorced	FORCES? 1 YES	2 NO		If yea, spe-		ricen, Pu	erto Rican, atc.)	or No—	Black Specif	- American Indian, White, etc. y: White
15. DECEDENT'S EDUCATE		16e. DECEDENT'S					16b. KIND OF BUSI	NESS/IND	USTRY	
(Specify only highest grade con Elementary/Secondary (0-12)	opleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done a retired.)	during mos	I of working					
8		SEAMILE	EGG				CLOTHIN	1G		
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (F	First, Middle, Meiden S	Sumame)		
HENRY SWARTZ					MARI	E				_
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street an	d Number or Ru	ral Route	Number, City or Town	State, Zip	Code)	
WALTER A. GRABOWSKI		2020	KEL	BOURN	VE ROAL	) 2	APT 102 F	ROSEL	ALE.	MD 21237
20 MÉTNOD OF DISPOSITION  Burlel 2 Cremetion 3 Remova  4 Donation 6 Other (Specify)	from State	other place)	OLY I			or		TO.		wn, State
21. SIGNATURE OF FUNERAL SERVICE LIGHT	SEE )		-	A A ST WAR AND	D ADDRESS OF	FACILIT	0070 000	11//	1.117	
1 920	& C		(				FUNERAL	HOME	C	
23. PART I. Enter the diseases or com	plicetions thet ceus	ed the deeth. Do	not enter	the mod	le of dying, s	uch es	cardlec or respir	atory err	eat,	Approximate
iMMEDIATE CAUSE (Final disease or condition		CINOMO	10016	23						Onset and Death
reaulting in death) e		A CONSEQUENCE C		, 2		-				6 me.
	CARL	wom A -	. B	med	EL					1 year
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
Cause, Enter UNDERLYING CAUSE (Disease or injury										
that initiated events	DUE TO (OR AS	A CONSEQUENCE C	F):							
resulting in deeth) LAST										
PART II. Other significant conditions of	ontributing to deeth	but not resulting	In the ur	nderiving	cause given	In Part	I. 24a. WAS AN /	MITOPSY	24b.	WERE AUTOPSY FINDINGS
					occuso giron		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2	□ NO		OF DEATH?
										1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20 01	ACE OF DEATH	Mhacka	-tu ana'			
EXAMINER?	OSPITAL:		OTHE	R:				_		
27. MANNER OF DEATN	26a. DATE OF INJUR		-	28c. INJU	6 Residen		Other (Specify)	IIIBA UCI	CHBED	
1 Natural 6 Pending	(Month, Day, Year	IN	JURY	WOI	RK?	100	. DEGOTIBE NOW II	100H1 OC	COMED	
2 Accident investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU	RY — At home, farm,	atreet, fac	tory, office		261	LOCATION (Street a	nd Number	or Rural R	loute Number,
4 Nomicide determined	building, etc. (Sp	ecity)					City or Town, State)			
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my los	uvlades doeth soom	and at the t	time data	and alone and	411 40 4				
(Check only one) 2 MEDICAL EXAMINER:										) end manner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				I	29c. LICENSE			29d. DAT	E SIGNED	(Month, Day, Year)
Umman Skle	inen	and			Mi)-	DO	9019	10	0/2/9	ê/
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF I	DEATN (ITEM 27) (Typ	e, Print)	20	- B2 C	£	· d.	No	/	BALTOMA
31. DATE FILED (Month. Day Year)	032 REGISTRAD'S SI	NATURE INC.		28	035	am	onwhe		/.	21229
OCT 02 1991	wha Davidson	- Mandall								

TO THE MOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within criticus after dei TO THE PHYERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the furber than the completely med in by the furber within TR hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

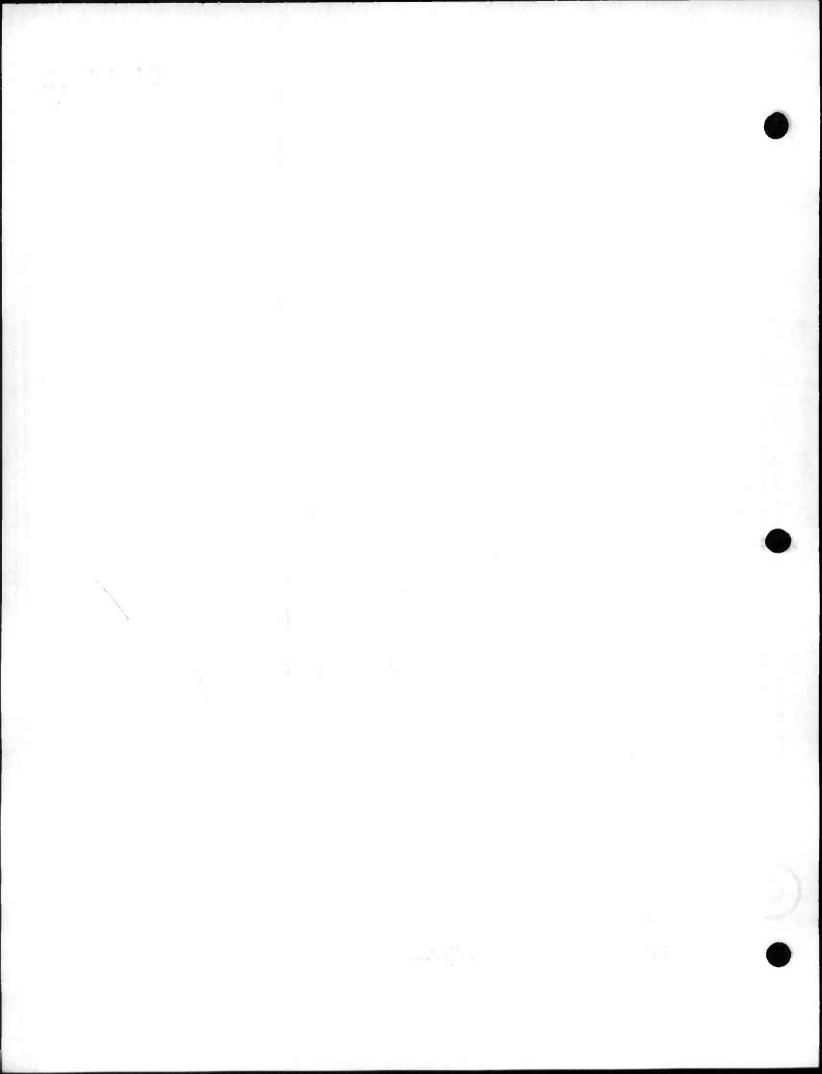


DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	FICATE OF DEATH	MENTAL HYGIEN		
		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
tinks, carville E Li		10 3		1050 QM
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	45.4 41 50 54	8. BIRTI Count	HPLACE (State or Foreign
214-03-5140		01/20/191		aryland
9s. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF D	DEATH
University Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CI Maryland Baltimore	Baltimore		Baltin	more
U 10a. STATE 10b. COUNTY 10c. CI	TY, TOWN OR LOCATION			10d. INSIDE CITY
	rbutus			LIMITS?
100. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN OF	
100. STREET AND NUMBER 1260 LOCUST AVENUE  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO	21227		USA	
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Max	PANIC ORIGIN? (Specify Yes	or No- 14, RAC	E — American Indian, k, White, atc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 X NO Spe		Spec	
15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUS	INESS/INCLISTOV	WILLCE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)	work done during most of working	100.1010 01 000	III COOTING OF INT	
Refri	g. Mech.	Retail F	rood	
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S	NAME (First, Middle, Maiden :	Sumame)	
christian G. Link		nce Hausman		
O 198. INFORMANT'S NAME (Type/Print) 19b. MAILIN	ADDRESS (Street and Number or Rur	al Route Number, City or Town	, Stele, Zip Code)	
1200 J	Locust Avenue, 1			
X Burial 2 Cremation 3 Ramoval from State cemetery, crematory or	OF DISPOSITION (Name of other place)		CATION — City or To	
4 Donation 5 Other (Specify) Loudon Par 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	10/04/∮1 Ba	ltimore,	Maryland
Janel 1/ what &	Ambrose Fune		nc.	
John S. Cimina	1328 Sulphur	Spring Rd.,	Arbutus	Md. 21227
23. PART I. Enter the disesses, or complications that caused the death Do				
23. PART I. Enter the disesses, or complications that ceused the death. Do shock, or heert fellure. List only one ceuse on each line.	not enter the mode of dying, s	uch as cerdiec or respir	ratory srrest,	Approximate
IMMEDIATE CAUSE (Fine)	not enter the mode of dying, s	uch as cerdiec or respir	atory srrest,	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	not enter the mode of dying, s	uch as cerdiec or respir	ratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Fi:	/	ratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Enal Fai	uch as cerdiec or respir	ratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Enal Fai	/	U/ C	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	enal Fai It hepati	/	U/	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	enal Fai It hepati	/	U! T	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING that initiated events resulting in death) LAST  LET THE CAUSE (Disease or injury that initiated events resulting in death) LAST	Enal Fai t nepati	lure : c fail	Ul 1	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting	Enal Fai t nepati	C fall  arcino  h Part I. 24a, WASAN  PERFORN	U/ C  MUTOPSY 24b MEO? 24b	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and D
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting	Enal Fai t nepati	C fail	U/ C  MUTOPSY 24b MEO? 24b	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting	Enal Fai t nepati	C fall  arcino  h Part I. 24a, WASAN  PERFORN	U/ C  MUTOPSY 24b MEO? 24b	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting	Enal Fai t nepati	C Fall  arcinor  perfori  1 yes 2	U/ C  MUTOPSY 24b MEO? 24b	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting	Pi: Place of DEATH (OTHER:	C FAII  Of CINON PERFORI  1 yes 2  Check only one)	U/ C  MUTOPSY 24b MEO? 24b	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 AMPRILATED	28. PLACE OF DEATH OF THE RESULT OF THE RESU	C FAII  Of CINON PERFORI  1 yes 2  Check only one)	UI C  AUTOPSY 24b MEO?	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF The cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF THE CAUSE. THE CAUSE OF THE CAU	Pi:  Pi:  Pi:  Pi:  Pi:  Pi:  Pi:  Pi:	C FAII  Of CINOM PERFORM 1 VES 2  Check only one)  8 Other (Specify)	UI C  AUTOPSY 24b MEO?	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF INJURY DUE TO (OR AS	Pi:  Pi:  Pi:  Pi:  Pi:  Pi:  Pi:  Pi:	C FAII  Of CINOM PERFORM 1 VES 2  Check only one)  8 Other (Specify)	UI C  MUTOPSY MED?  TO MO  JURY OCCUREO	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF ACCIDENT CONSEQU	P:  Print Alpata  Fi:  Alpata  Alpata  Fi:  Alpata  Al	C FAIL  CAT CINDA  DATE I. 24a. WASAN / PEFFORI  1 Sel VAS 2  Check only one)  8 Other (Specify)  28d. OESCRIBE HOW IN  281. LOCATION (Street are City or Town, State)	JURY OCCUREO	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF ACCIDENT CONSEQU	28. PLACE OF DEATH OF THE WORK?  1 YES 2 NO street, factory, office	C FAIL  A CLIPA  A Part I. 24e. WASAN / PEFFORI  1 Selection one)  8 Other (Specify)  28d. OESCRIBE HOW IN  281. LOCATION (Street are City or Town, Stete)	JURY OCCUREO  Tor as stated.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Onset and Onset and Onset and Onset and Onset and Onset O
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO DR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO DR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO DR AS A CONSEQUENCE Of CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEAse OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEAse OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEAse OF INJURY DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEAse OF INJURY DUE TO (OR AS A CONSEQUENCE OF INJURY DUE TO (OR A	28. PLACE OF DEATH OF THE WORK?  1 YES 2 NO street, factory, office	C FAIL  A CLIPA  A Part I. 24e. WASAN / PEFFORI  1 Selection one)  8 Other (Specify)  28d. OESCRIBE HOW IN  281. LOCATION (Street are City or Town, Stete)	JURY OCCUREO  Tor as stated.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Onset and Onset and Onset and Onset and Onset and Onset O
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE Of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE Of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE Of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE Of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE OF TO (OR AS A CONSEQUENCE OF CAUSE	28. PLACE OF DEATH OF THE WORK?  1 YES 2 NO street, factory, office	C C C C C C C C C C C C C C C C C C C	JURY OCCUREO  Tor as stated.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death To Completion of Cause OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE Of that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of axamination and/or investigation and/or investigation to the basis of axamination and/or investigation 8. PLACE OF DEATH OF THE WORK?  In the underlying cause given in	C C C C C C C C C C C C C C C C C C C	JURY OCCUREO  To an estated, due to the cause(a	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death To Completion of Cause OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Fine)   Immediate cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)   DUE TO (OR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE Of CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE Of CAUSE (DISEASE)   DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE)   DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE)   DUE TO (OR AS A CONSEQUENCE OF CAUSE (DISEASE)   DUE TO (OR AS A CONSEQUENCE OF CAUSE	28. PLACE OF DEATH OF THE WORK?  In the underlying cause given in	C C C C C C C C C C C C C C C C C C C	JURY OCCUREO  To an estated, due to the cause(a	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Ons
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE Of that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deeth but not resulting resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of axamination and/or investigation and/or investigation to the basis of axamination and/or investigation 8. PLACE OF DEATH OF THE WORK?  In the underlying cause given in	C C C C C C C C C C C C C C C C C C C	JURY OCCUREO  To an estated, due to the cause(a	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Ons	



Pages 1, 2, 3 should

	Dermit		
and the state of t	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
Š	burd		
Bull	the		
Lei K	as as		
5	use.		
P	9		
5	chec		-
210	deta		900
5	2		to
2	prid		Pel
2000	SS		ŧ
3	90		9
da	Da		1
9	octo		E
200	Oin		-
	hera		E
3	e fu		e i
	y th	THOM	cai
2	9	rer	Pe
	8	n, 0	=
1	ly f	atio	=
	plete	rem	ent
2	m02	af,	3
	pur	bun	atic
3	an	r t0	E
	ysic	prio	-
	d b	iene	the
	ugu	Hyg	0 20
	atte	mal	7.
	the	Me	3
	100	and	M
3	gne	aalth	60
	S US	H	304
	be	pt.	3 8
	has	000	11 2
	cate	Stati	Her
	ertif	the	0
	is c	lit,	ed.
	er th	th v	Jark
	Att	dea	S
	TOR	after	28
	REC	SID	E
1	0 7	2 19	f He
	ERA	HIN 7	11:1
r.	-	-	~

15

a. BIRTHPLACE (State or Foreign Country) Balto, MD COUNTY OF OEATH Baltimore City  10d. INSIDE CITY LIMITS? 1 XXves 2 - No CITIZEN OF WHAT COUNTRY?  U.S.A. 0- 14. RACE - American Indian, Black, Whita, atc. Specify: White  S/INOUSTRY  City  me)  10. Zip Code)  N - City or Town, State dlawn, MD									
Balto, MD  COUNTY OF OEATH  Baltimore City  10d. INSIDE CITY LIMITS? 1 XXYES 2 \( \text{ NO} \)  CITIZEN OF WHAT COUNTRY?  U.S.A.  0- 14. RACE - American Indian, Black, Whita, atc. Specify: White  S/INOUSTRY  City  me)  N- City or Town, State									
Balto, MD  COUNTY OF OEATH  Baltimore City  10d. INSIDE CITY LIMITS? 1XXYES 2 \( \) NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  D- 14. RACE - American Indian, Black, White, etc. Specify: White  S/INOUSTRY  City  me)  N- City or Town, State									
Baltimore City  10d. INSIDE CITY LIMITS? 1 XXES 2 NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  D- 14. RACE — American Indian, Black, Whita, atc. Specify: White  S/INOUSTRY  City  me)  No. Zip Code)  No. City or Town, State									
10d. INSIDE CITY LIMITS? 1 XXes 2 \( \) NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  O- 14. RACE - American Indian, Black, White, atc. Specify: White  S/INOUSTRY  City  me)  No. Zip Code)  No. City or Town, State									
LIMITS?  1 XXES 2 NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, atc.  Specify: White  S/INOUSTRY  City  me)  N — City or Town, State									
1 XXves 2 No  CITIZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, atc. Specify: White  S/INOUSTRY  City  Me, Zip Code)  N — City or Town, State									
U.S.A.  14. RACE — American indian, Black, White, atc. Specify: White  S/INOUSTRY  City  Te, Zip Code)  N — City or Town, State									
and the state of t									
Black, White, etc. Specify: White  S/INOUSTRY  City  me)  To, Zip Code)  N — City or Town, State									
City me)  10, Zip Code)  N — City or Town, State									
me)  To, Zip Code)  N — City or Town, State									
ie, Zip Code)  N — City or Town, State									
N — City or Town, State									
dlawn, MD									
22. NAME AND ADDRESS OF FACILITY									
Henss Funeral Home D 21211									
y arreet, Approximate interval Between Onset end Death									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO									
OCCURED									
OCCURED  The or Rural Route Number,									
mber or Rural Route Number,									
mber or Rural Route Number, a stated. to the ceuse(a) and manner as stated.  DATE SIGNED (Month, Day, Year)									
P									

	1 - STATE REGISTRAR	STATE OF M	ARYLAND	DEPAR	TMENT OF	HEALTH AND	MENTA	AL HYGIEN		Sing	0070	
	1. DECEDENT'S NAME (First, Middle, Last) Anna	L.		INOSS			2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DEATH	Λ м
	4. SOCIAL SECURITY NUMBER 2.12 16 6941	5. SEX 1 M <b>X</b> F	6. AGE (In yrs. In	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 0475	OF BIRTH (th, Day, Year)		8. BIRTH Countr	PLACE (State or Fore	
FOR	90. FACILITY NAME (If not institution, give a Franklin Sq.	Hospital				OR LOCATION OF			9c. COUN	TY OF D		•
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md.	y Baltimore		10c, CITY	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 5 Brett Ct.	Apt. 116	5			of, ZIP CODE 21221			10g. CITIZ		1 ☐ YES 2 🙀 N	0
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	RMED NO	If yes, s	CENDENT OF HISPA pocity Cuban, Maxie S 2 NO Spec	can, Puarto	N? (Specify Yea Rican, etc.)	or No-	14. RACE	SA — American Indian White, etc.	.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Segendary (0-12)	CATION completed) College (1-4 or 5+)	(1)	Give kind of w b. Do NOT use	USUAL OCCUPAT ork done during in retired.)	ION ost of working	161	b. KIND OF BUS	SINESS/INDU	ISTRY	***************************************	
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Pa	tience				18. MOTHER'S N		Middle, Maiden				
TO B	Florence Fisher,	Daughter	118	b. MAILING	ADDRESS (Street	and Number or Rural Kingsvi	Acute Num	Md. 21	n. State, Zip 0	Code)		
	20s. METHOD OF DISPOSITION    Surfal   2   Cremation   3   Removal from State											Ma
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lugh	ench	5	Bruzo	ND ADDRESS OF F Izinski I Eastern	Funer	al Hom	е Ба			1,00
CERTIFICATION	23. PART I. Entar tha diseases, or canock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	Each only one cause  a. Conges  DUE TO (C	tive Ho	a. eart fouence of ouence of ouence of	Failure			and of very	active arrest	at,	Approximate interval Bets Onset and D	ween
AL	PART II. Other significant condition Insulin Depend	dent Diab	etes	resulting in	tha underlyin	g cause given in	Part I.	24a. WAS AN PERFORM	MED?	24b.	WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
NN: MEDIC	Right Groin In Peptic Ulcer [	ifection Disease							OF DEATH?		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	28. PLACE OF DEATH (Check only one)  HOSPITAL:   Inpatient 2 ER/Outpetient 3 DOA   4 Nursing Home 5 Residence 6 Other (Specify)										$\exists$
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M  28c. INJURY AT WORK?  1  YES 2  NO						JURY OCCU	DCCURED			
	3 Suicide 8 Could not be 4 Homicide determined											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE PHYSIC DISCO	CIAN: To the best of m	y knowledge, de mination and/or	ath occurred	at the time, date	and place, and du	s Io the cau	use(a) and mani and place, and	ner es stated	l. cause(a)	and manner as state	rd.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER		+ , N	10		29c. LICENSE NU AC-33284	MBER				Month, Day, Year)	91
	Gary J. KERHO 31. DATE FILED (Month, Day, Year)	LIET , MD	9000 s signature	) Fran		Q. DR. B	alto.	MD. 2	1237			
	OCT 02 1991 9	relia Davidsor	- Pandal	2								

911 180 15 EL CL The state of the s . .

physic	burial		
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the entiting physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
or att	r use		
spital	of be		
he ho	detach		once.
by	d be		at I
etained	should		otified
be r	age 5		pe n
6 maj	tor, p		Inst
Page	direc		T JOI
death.	funera		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after	y the	moval	icai
FOURS	ed in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	med
in 2	ely fill	nation	the t
d with	mplet	Crem	event
ecute	oo pu	burial	atic
pe ex	cian a	or to	Wine.
ificate	physi	ene pr	ther t
h cert	ending	Hygi	0r ot
deat	he att	Menta	Juny,
nat the	by t1	and	ny in
ires th	signed	teatth	WS ag
nbau A	peen	t. of 1	shor
he lav	seu a	e Dep	m 23
AN: T	tificate	e Star	r ite
INSIC	is cer	ith th	ed, c
NG P	fter th	eath w	mark
TEND	DR: /	fter d	90
JR AT	NRECT	ours a	em 2
TAL	RALC	72 h	H H :
HOSP	FUNE	within	TANT
포	置	filed	POR
2	2	20	=

BALTIMORE, MARYLAND 21203-3146

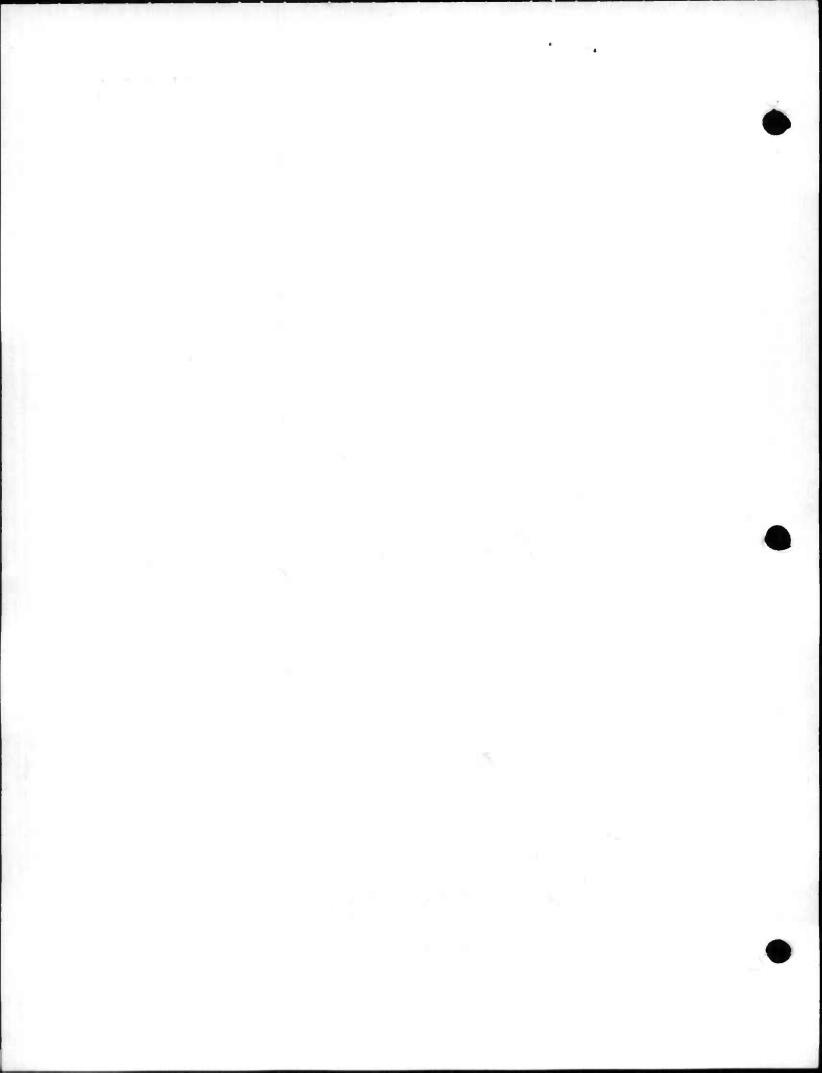
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEI CERT	PARTMENT OF	HEALTH AND M	ENTAL HYGIENI REG. NO.	E	-0070
	1. DECEDENT'S NAME (First, Middle, Last)  BERTHA MARCE!	RESIDERESER M.	ackereth		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
		SEX 6. AGE (In yrs. lest birth		IF UNDER 24 HRS.	7. DATE OF BIRTH	- 11	HPLACE (State or Foreign
	214-18-6613	□ M 2 2 F 78 ACK YI	RS. MONTHS DAYS	HOURS MIN,	3 - 20 - XX	Coun	ryland
	9e. FACILITY NAME (If not institution, give stree	and number)	9b. CITY, TOWN	OR LOCATION OF DEA	тн	9c. COUNTY OF	DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	4/ HOSATA	CRISFIE	:40		JOMER	SET
EC	10a. STATE 10b. COUNTY	100	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
PR	MARYLAND WARD	ESTER	POROMOKE				1 YES 2 NO
AL.	10e. STRÉET AND NUMBER			of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
EB	MARKET STREET:	1006		21851		US	A
5	11. MARITAL STATUS  1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		ECENDENT OF HISPANK specify Cuban, Mexican,		or No- 14. RAC Black	E American Indian, ck, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		Specify:	36-2-2-3-3-1	Spe	White
	15. DECEDENT'S EDUCAT	ION 16e, DECEDE	NT'S USUAL OCCUPA	TION	16b. KIND OF BUS	INESS/INDUSTRY	WILCO
ETE	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Give kir life. Do N	nd of work done during i IOT use retired.)	nost of working			
AP.	Unknown		Homemaker				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)	
BE (	Ernest Brady				a Chilco		
10	190. INFORMANT'S NAME (Type/Print) Mr. Richard G. Macl		1 8th St	t and Number or Rural Ro	ute Number, City or Town	n, State, Zip Code)	21219
-							
	29. METHOD OF DISPOSITION XXBurial 2 Cremetion 3 Remove		ISPOSITION (Name of a			CATION City or 1	
700	4 Denation 6 Other (Specify)  11. BIGNATURE OF FUNSAAL SERVICE LICEN		Cemetery	AND ADDRESS OF FACE		timore	Maryland
	· 11. 1-011	71 /					
- 1	MUCHAULYL	LICK					1050 York Rd.
	23. PART i. Enter tha disease, or corshock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on each line.	in e	Extre	Shock	ratory srrest,	Approximate interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	Due to (or as a consequent	ract	Infer	etin, S	extie	1 day
S	cause. Enter UNDERLYING CAUSE (Disesse or injury						
H	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):				
ER	d.						
MEDICAL (	PART II. Other significent conditions Diabettes Mu Left Laure	contributing to death but not result ellitus, Insulu e Labe Pro	ing in the underly	ing couse given in F Lent, Unex	Part I. 24a. WAS AN PERFOR	AUTOPSY 24 MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
:	alsheime	is Disea	re		_ i		
ZIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	ok only one)		
SIC		OSPITAL:	OTHER:	ome 5 - Residence 6	Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d. OESCRIBE HOW I	NJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY At home, building, etc. (Specify)	farm, street, factory, o	fice	28f. LOCATION (Street of City or Town, State)	and Number or Rura	l Route Number,
COMPLETED	and any	AN: To the best of my knowledge, death of the basis of examination end/or investigation.					(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIPIER	Bellow	D	D-29	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NA	29d. DATE SIGNE	D (Month, Dej. War)
2	30. NAME AND ADDRESS OF FEMON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)				
	31. DATE FILED (Month, Day Year)	32. DEGISTRAR'S SIGNATURE					-
11/	DOT A VINCE OF	Hola Sandy	Count the				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending newestrand
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or remond.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CERTIFIC	ATE OF DEAT	Н	REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last	)			2. D	ATE OF OEATH	YEA	3. TIME OF DEATH
Alvin	F.	Peters			10 01	91	11.15 a
4. SOCIAL SECURITY NUMBER 218-03-5955	1 × M 2   F		F UNDER 1 YEAR SF UNDER 2 DITHS DAYS HOURS	MIN. (A	ATE OF BIRTH fonth, Day, Year) 2/08/19	CC	IRTHPLACE (State or Foreign ountry) Aryland
9a. FACILITY NAME (If not institution, give Greater Baltimor RESIDENCE OF DECEDENT			L CITY, TOWN OR LOCATION TOWS			9c. COUNTY O	timore
10a. STATE 10b. COUNT	Baltimore	10c. CITY, 1	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Darcimore		TOWSON 101, ZIP CODE			44- 0/7/7/2014	1 YES 2 NO
1641 Hardwick Ro			212	04		US.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EYER FORCES? LANGE YES IF YES, GIVE WAR OR D WW II	2 NO	13. WAS DECENDENT OF If yea, specify Cuban, 1  YES 2 NO			8	ACE - American Indian, Black, Whita, atc.
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)		k done during most of working etired.)		16b. KINO OF BUSIN		
12 years -		Coppers	nith		Sparrow	Point	Ship Yard
17. FATHER'S NAME (First, Middle, Lest) Harry D. Peters			Fran	ces Ki		ŕ	
19a. INFORMANT'S NAME (Type/Print) Pauline Anna Pet	ters	196. MAILING AC	oness (Street and Number of ardwick Road	r Aural Aoute A	on, MD	State, Zip Code, 21204	)
20a. METHOD OF DISPOSITION  TO Surfal 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)	moval from State Cor	b. PLACE AND DATE OF Connectory, cremetory or other	DISPOSITION (Name of place) ner Cemetery	1		TION — City o	
21. SIGNATURE OF FUNERAL SERVICE L	Delan		Johnson Fu	of facility neral	Home B	imore, Balto.,	
23. PART I. Entar the diseases, or shock, or heart failure.	complications that cause		8521 Loch	Raven	Blvd.		11D 21204
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A ( -	t pla	antar tha mode of dyln	Raven	Blvd.		Approximata interval Batwe
IMMEDIATE CAUSE (Final disease or condition	a. OUE TO (OR AS A	d the death. Do not each line.  A CONSEQUENCE OF):  A CONSEQUENCE OF):	8521 LOCN anter the mode of dyln	Raven g, such as c	Blvd.		Approximata Interval Batwe
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):	antar tha moda of dyln	g, such sa c	Blvd.	TOPSY ED?	Approximata interval Betwee Onset and Da Ons
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	b. DUE TO (OR AS A d	A CONSEQUENCE OF):  A CONSEQUENCE OF):	antar tha moda of dyln	g, such aa c	Blvd. eardiac or raspirat	TOPSY ED?	Approximata Interval Batwo Onset and Da  Onset and Da  24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in t	ha underlying cause give 26. PLACE OF OEATHER:	yan in Part i	Blvd. Pardiac or raspiration of the second o	TOPSY ED?	Approximata Interval Batwe Onset and Dai  Onset and Dai  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a.  OUE TO (OR AS /  DUE TO (OR AS /  OUE TO (OR AS /  OUE TO (OR AS /  OUE TO (OR AS /	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in t	ha underlying cause gives the second of dying cause gives a second of the second of th	van in Part I.  NTH (Check only) dence 8 0 0	Blvd. Pardiac or raspiration of the second o	TOPSY ED?	Approximata interval Batwe Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are co	a.  OUE TO (OR AS /  DUE TO (OR AS /  OUE TO (OR AS /  OUE TO (OR AS /  OUE TO (OR AS /  Ins contributing to death by  HOSPITAL:    Inpatient 2	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the second secon	ha underlying cause give 26. PLACE OF OEATHER:  Nursing Home 5   Real F WORK?  M   YES 2	yan in Part I.  With (Check only dence 8 0	Blvd.  Pardiac or raspiration of the control of the	TOPSY ED? NO	Approximate interval Batwo Onset and Da Onse
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 29 Accident 8 Could not be datarmined  29a. CERTIFIER (Check only)	B. OUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the consequence of the c	antar tha moda of dyin  antar tha moda of dyin  A part of the second of	van in Part i.  NTH (Check only) dence 8 0 28d. i.  NO 28f. L.	Blvd.  ardiac or raspirat  24a. WAS AN AU PERFORM  1 YES 2  ther (Specify)  DESCRIBE HOW INJU  OCATION (Street and lifty or Town, State)	UTOPSY ED?  NO  Number or Rur  or as stated.	Approximata Interval Batwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Da Da Da Da Da Da Da Da Da Da Da Da
Sequentially list conditiona, if any, taeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditional conditions in the condition of the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditional conditions in the conditional conditional conditions in the conditional conditional conditions in the conditional cond	a.  OUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  A  OUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the consequence of the c	antar tha moda of dyin  antar tha moda of dyin  26. PLACE OF OEA  THER: Nursing Home 5 Real  F 28c. INJURY AT WORK?  M 1 YES 2  It, factory, offica	van in Part i.  NTH (Check only) dence 8 0 28d. i.  NO 28f. L.	Blvd.  ardiac or raspirat  24a. WAS AN AU PERFORME  1 YES 2  OCATION (Street and dily or Town, State)  ceuse(a) and manne sta and place, and di	TTOPSY ED?  I NO  I Number or Rur  or as stated.  due to the caus	Approximata Interval Batwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Da Da Da Da Da Da Da Da Da Da Da Da
IMMEDIATE CAUSE (Final diasase or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions and the conditions of t	a.  OUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  A  OUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the consequence of the c	antar tha moda of dyin  antar tha moda of dyin  A  A  A  A  B  A  A  B  A  B  A  B  A  B  A  B  A  B  B	yan in Part f.  With (Check only dence 8 0 28d. 1)  NO 28f. L.  ond due to the lat the time, d.	Blvd.  ardiac or raspirat  24a. WAS AN AU PERFORME  1 YES 2  OCATION (Street and dily or Town, State)  ceuse(a) and manne sta and place, and di	TTOPSY ED?  I NO  I Number or Rur  or as stated.  due to the caus	Approximate interval Betwo Onset and Da Onse

31. DATE FILEO (Month, Day, Year)
OCT 03 1991



this certification with the St.

FUNERA within 72 =

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

10

BE

2

DR.

31/DATE FILED (Month, Day, Year)

JULES R. LODISH

1991

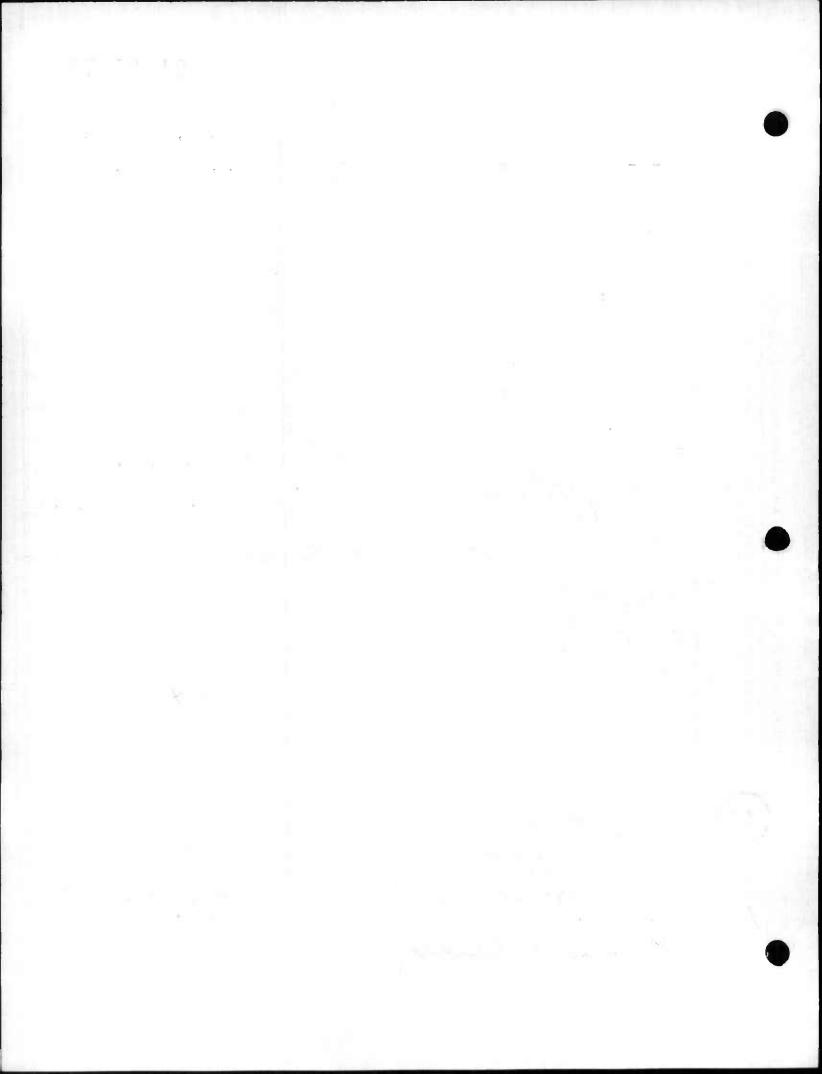
32. REGISTRAR'S SIGNATURE whia Davidson Randoll

	Sif		
cian.	-tran		
ohysic	burial		
ing i	the		
ttend	83.8		
9	SD JC		
spital	hed fo		
e ho	etach		920
by th	be d		10 10
ned	pino		hell
reta	5 sh		nofil
y be	page		9
9 m	ctor,		ust
age	direc		er n
th.	neral		almi
er de	he fu	1	ex2
s aft	P	emo	dica
hour	ed in	00.	E
n 24	ly fill	ation	the
with	plete	Crem	rent
penn	100	inal,	ic ev
exec	n and	to be	mat
te be	sicial	prior	trau
Tiffca	D phy	ene	ther
h cer	upu	HYD	0 10
deat	e afte	enta	NV.
t the	of the	nd M	in .
s tha	peu	lth a	any
quire	n sig	r Hea	OWS
W re	pee	pt. o	3 sh
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or	e De	rked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
N: I	ificati	Stat	T Ite
SICIA	certi	h the	d. 01
F	this	With	rke

ermit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) P. LOUISE 2. DATE OF DEATH 3. TIME OF DEATH PREDOEHL 1991 EAR SEPT. 27 6:30 A JAN. 6, 1943 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 219-48-4548 1 M 2 X F 48 MD 9e. FACILITY NAME (If not institution, give street and number, 18533 KILT TERRACE 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY OLNEY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY OLNEY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18533 KILT TERRACE 20832 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Mexican, Puerto Ri 1 TYES 2 NO BY Specify: Specify: WHITE 3 Widowed 4 Olvorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 TEACHER 6 EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BENJAMIN ROBERT PHILLIPS SARA MOORE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARTIN C. PREDOEHL SAME AS # 10 20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) NORBECK MEMORIAL PARK 9/30 OLNEY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 208\$2 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Fins) Onset and Death** etastatic Breast Cancer
OUE TO (OR AS A CONSEQUENCE OF): disease or condition 3 years netastatic reaulting in death) CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the back of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) Kus) MD 3/6/2 9 ODISH 2901 Olney-Sandy Spring Road Olney, Md.

20832



3. TIME OF OFATH

2. DATE OF OEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	6.6
	85
	8
	-
	3
	-
-	Ž
>	-5
9	2
-	ě
Ō	70
9	ě
	83
-	2
,	0
٥	15
	ě
)	F
	2
_	5
-	5
ח	-
2	4
7	-
	t,
٠.	ď
ر	8
ш	7
~	8
_	4
4	-
٤.	9
	F
	ż
>	V
	5
=	3
,	7
7	d
	N.
	2
=	N
r)	F
-	A
DIVISION OF VITAL RECORDS, P.O. DOA 60/00	OD ATTENDING DANCEMAN. The four remains that the death certificate he executed within 24-1000s at
2	C

MONTH 30 - 9 MY TILLIE POZNANIAK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 5-12-05 PENNSYLVANIA 1 M 2 XF 86 218-01-7305 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 634 S. STREEPER STREET BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL S. 21224 USA use as the burial-transit STREEPER STREET ter death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, atc.)

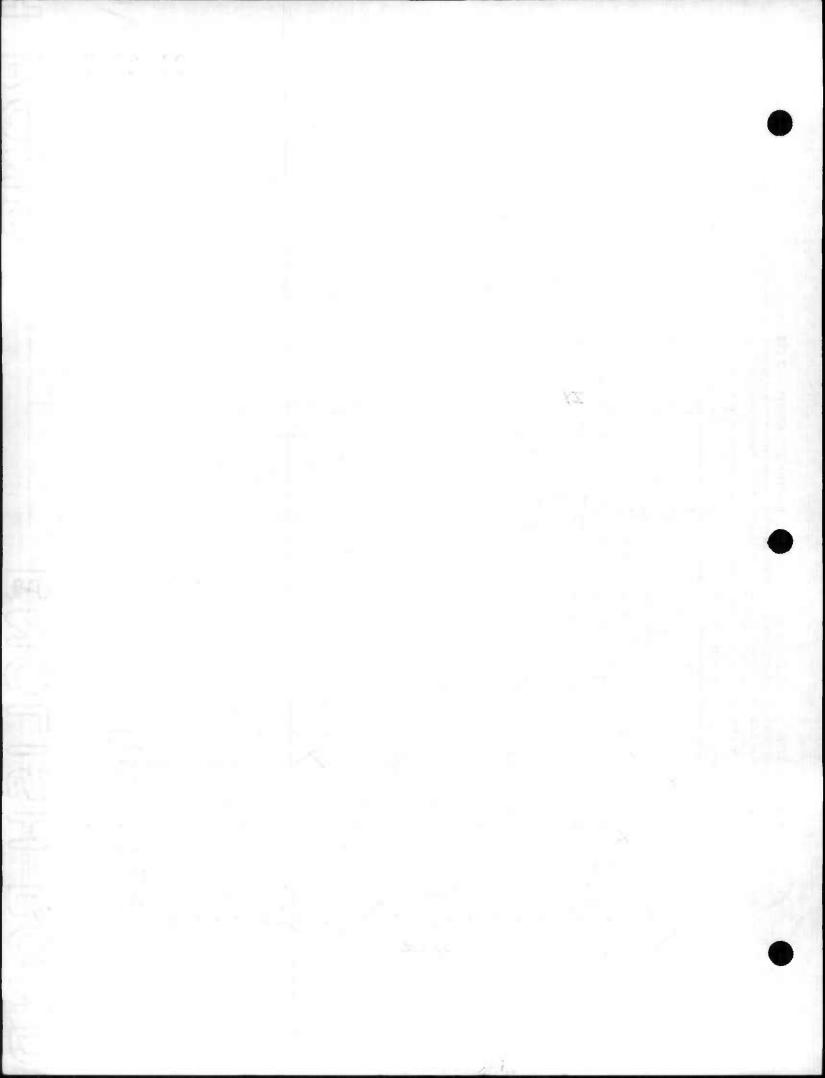
1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher during most of working (Give kind of work done life. Do NOT use retired.) for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 3 YEARS HOMEMAKER detached once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 2 PANTALEON ZWICKI 16 BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zin Code) 2 610 S. STREEPER ST. BALTO. MD. 21224 ELEANOR WIELECHOWSKI MRS. Pe 20s. METHOD OF DISPOSITION

1 | XBurlel 2 | Cremetion 3 | Removel from State
4 | Donation 6 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c, LOCATION — City or Town, State DATE must director, ST. STANISLAUS CEM. 10-3 BALTO. CITY MD. examiner SIGNATURE OF FUNERAL SERVICE LICENS RACE TOROWS R FACILITY UNERAL HOME the funeral 2525 FLFET STREET BALTO, MD.21224 XXC2 removal. medical 23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by f Approximate 0 Onset and Death **IMMEDIATE CAUSE (Final** and completely fille burial, cremation, the ardio - Dulmonary disease or condition\_ resulting in daeth) event. DUE TO (OR AS A CONSEQUENCE OF): ston Cance traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): ending physician a Hygiene prior to 2 if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 the atten Mental H Inlury. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL thealth and A shows any 1 TYES 2 NO OF DEATH? Obstructive hue 1 | YES 2 | NO t. of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State Diamked, or Item Item EXAMINER? HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nun 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28c. INJURY AT 26d DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 1 Natural
2 Accident 5 Pending M 1 YES 2 NO After t death BY 3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .09 6 Could not be E FUNERAL OR ATTENDI E FUNERAL DIRECTOR: A Lucklin 72 hours after d COMPLETED 4 Homicide 28 Item 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE EUSPITAL TO THE FUNDRAL OF BEED WATER 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PT)(1) aven 601-5 31. DATE FILED (Month, Day, Year) 34. REGISTRAR'S SIGNATURE 199 whia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

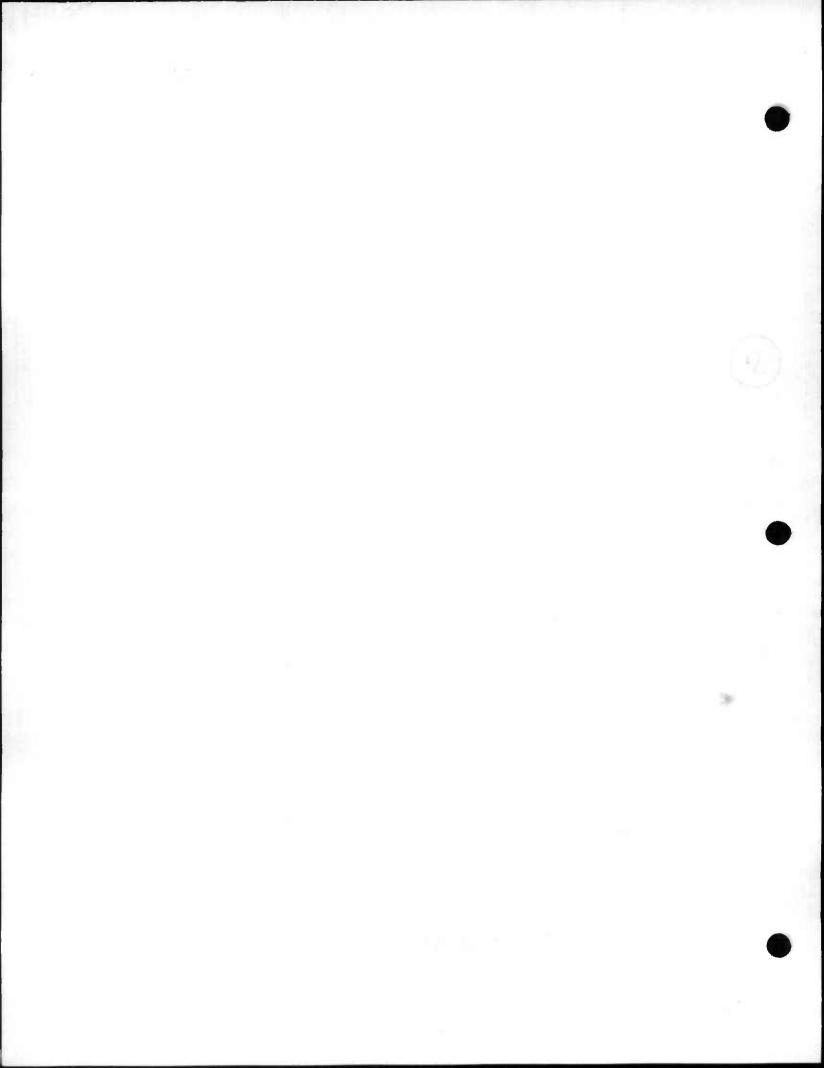


1215-0020

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last, MARIAN		РО	RTER				2. DATE SEP	TEMBER	° 30,1	991	3. TIME OF DE 2:30A
	4. SOCIAL SECURITY NUMBER 169–50–7541	5. SEX	6. AGE (In yrs. le: 87	st birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH			LACE (State or
TOR	98. FACILITY NAME (If not institution, give THE JOHNS HOP RESIDENCE OF DECEDENT		PITAL				OR LOCATION OF D MORE CIT		BC. COUNTY OF DEATH BALTIMORE CIT			
DIRECTOR	10a. STATE 10b. COUNT	TY			10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CI LIMITS? 1 VES 2
FUNERAL	9704 EUSTICE RD.				101. ZIP COOE 21133					10g. CITIZEN OF US		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If y	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Markean, Puerto Ricen, etc.)  1  YES 2  NO Specify:  Specify:						White, etc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 d	(G	ECEDENT'S Give kind of the Do NOT us	USUAL OCCI work done duri se retired.)	UPATIO	ON st of working	168	. KIND OF BU	USINESS/INDUSTRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HUGHEY TOWNSTEN!		18. MOTHER'S NAME (First, Middle, Malden Surname) ANNIE BAVNARD									
5	19a. INFORMANT'S NAME (Type/Print) JOHN SAUNDERS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 9704 EUSTICE RD. BALTO. MD 21133									n, State, Zip e	Code)	
	20a. METHOD OF DISPOSITION 1) X Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)				PEEN		1. PARK	1039		CATION — C	STER	, PA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH F/H-WEST 4300 WABASH AVE. BALTO. MD 21215											
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO	(OR AS A CONSEC	OUENCE OF	F): F):	<b>&amp;</b>	the le	N				mo
MEDICAL	PART II. Other significant condition	na contributing to	death but not r	rasulting i				_	24s. WAS AN PERFOR	MED?	G G	VERE AUTOPSY MAILABLE PRIO OMPLETION OF DEATH?
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ 00A	OTHER:		ACE OF DEATH (Ch					
	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIM INJ	E OF 28	c. INJL WOF	URY AT		CRIBE HOW II	NJURY OCCU	JRED	
m	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE Of building,	F INJURY — At ho atc. (Specify)	treet, factory,	, offica		281. LOC City	ATION (Street a or Town, State)	and Number o	or Rural Rou	ite Number,	
8	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
MPLETED	(Check only	ICIAN: To the best of ER; On the bests of ex	my knowledge, de amination and/or i	ath occurre	n, in my opini	lon, de	and place, and due eath occured at the	to the cau	and place, and	ner as stated	d. cause(a) a	nd menner as
PLETED	(Check only	R. Qu	amination and/or i	Investigatio	n, In my opini	lon, de	and place, and due with occured at the 29c. LICENSE NUR	fime, date	ise(a) end man	d due to the	cause(a) a	fonth, Day, Year



once.

F

notified

Pe

.

must examiner medicai 6 the event. traumatic other 6 in uny. been signed by the or, of Health and 1 shows any in Dept. Hem DIRECTOR: After this certificate hours after death with the State 0 marked, 60

OR ATTENDING PHYSICIAN: The law

28

Item

THE HOSPITAL OF THE FUNERAL C TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD ELOISE L. RICE RICE 10 02 1991 6:30 a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS DAYE HOURS MIN. 252-48-7303 1 M 2 X F 43 6-14-48 FLORIDA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH OR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 1 YES 2 | NO MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2017 E. 31st STREET 21218 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify. BY 3 🖾 Widowed 4 🗌 Olvorced BLACK ED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only higher St. Martin COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Sister of the Poor 12TH 18. MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) McKenzie Lum Brown Sr. Flossie BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 31st. STREET/Baltimore, Md. Brown 2017 E. Curtis 21218 20s. METHOD OF DISPOSITION
PCPBurler 2 Gremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Crestview Cemetery Cario, Geogia 22. NAME AND ADDRESS OF FACILITY 21/SIGNATURE OF FUNERAL SERVICE LICENSEE nson onne WM.C. MARCH F.H. 1101 E. NORTH AVENUE 23. PART / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallurs. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition CARRAC ACRUST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 3 MOS. OVARIAN CARCINOMA METASTATIC CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aigniticent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 ONO ng Home 5 - Residence 6 - Other (Specify) 26s. DATE OF INJURY 27. MANNER OF DEATH 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 DANatural 5 Pending м 1 YES 2 NO BY 2 Accident
3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — AI home, farm, street, factory, office building, etc. (Specify) ED 6 Could not be 4 Homicide H COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of stamination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 286 SIGNATURY AND SITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 10/2/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21215 WITKOWSKI m D SINM HOSPITIK OF BACTIMENES 32. REGISTRATES SIGNATURE Pandelle

**DHMN-16 Rev 1/89** 

ELLE

THE JOHNS HOPKINS HOSE.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	HEGISTHAH		CERTIF	ICATE O	- DEAL	H	R	EG. NO.		
- 1	1. DECEMENT'S NAME (First, Middle, Lest)	0					2. DATE OF D			3. TIME OF DEATH
	Keobe	Kicharo	PSAN				MONTH 7	2 02	O A	3-2- No
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	0.4 10000	7. DATE OF B			7.30 H
	0/8 0/ 8/00	1 ₩ 2 □ F		MONTHS DAYS		MIN,	(Month, Day		Coun	HPLACE (State or Foreign try)
	267-26-7422	X	75 YRS.				9-20-	1916	SOU	TH CAROLINA
-	9e. FACILITY NAME (If not institution, give	street end number)		96, CITY, TOWN	OR LOCATIO	ON OF DE	EATH	94	c. COUNTY OF	DEATH
5	ST. AGNES HOSPIT	AT		Boll:	ma Q					
5	RESIDENCE OF DECEDENT	1111		- Lune	IIUAZ					
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
5	MD.			DATEMAN	NO. EL					LIMITS?
7	10e. STREET AND NUMBER			BALTIM						1 X YES 2   NO
3A	IOO. STREET AND NUMBER				Of. ZIP CODE	E		10	g. CITIZEN OF	WHAT COUNTRY?
山山	911 LEADENHALL	APT. 304			212	230			US	Δ
5	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARMED	13. WAS D	-		IIC ORIGIN? (Sp	ecify Yee or I		
	1 Never Married 2 K Merried	FORCES? 1	YES 2 NO	If yes,	pecity Cuber	n, Mexice	n, Puerto Rican	, etc.)	Blac	E — Americen Indien, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1 🗆 Y	S 2 XNO	Specify	y:		Spec	
	15. DECEDENT'S EDU	0.770								ACK
<b>"</b>	(Specify only highest grade		16a. DECEDENT'S (Give kind of	WSUAL OCCUPA: work done during i se retired.)	TON Tost of workin	a	16b. KINI	D OF BUSINE	SS/INDUSTRY	
<b>"</b>	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)		-	1			
P			INSURAI	NCE AGE	T		SOUT	THERN	LIFE I	NS. COMPANY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					IER'S NA	ME (First, Middle			do. Commit
	WILLIE RICHARD	CON						, marcon con	iame)	
BE		SUN					FAUST			
2	19a. INFORMANT'S NAME (Type/Print)		196, MAILING	ADDRESS (Stree	end Number	or Rural F	Route Number, Ci	ity or Town, St	tete, Zip Code)	
-	REOBE RICHARDSON	JR.	2521	S. PAC	STRE	EET.	BALTO.	MD.	21230	
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE			,,	DATE		ION — City or To	
	1 X Buriel 2 Cremation 3 Ram	ovel from State	cemetery, crematory or o	ther placel			DATE			
	4 Donation 5 Other (Specify)		ARBUTUS					ARBU	TUS, M	ARYLAND
	21. BIGHATORE OF ADMERAL SERVICE LI	CEMSEE	1.		ND ADDRES			-		
- 9	DIN PVALO	0 1).	STOUN						AL HOM	
_	Com de	W D	343401	1913	W. BALI	TIMOR	E ST. BA	LTO. M	21223	P.O. BOX 4433
	23. PARTA. Enter the diseases, preshock, or heart failure.	complications that	caused the death. Do r	not antar tha m	oda of dyli	ng, suct	h as cardiac i	or raspirato	ory arrest,	Approximata
	IMMEDIATE CAUSE (Final	List Dnly Dna Caua	a Dn aach iina.							interval Batween
	disease or condition	Λ	1 1	Cond	dias	0.1				Onset and Death
	resulting in death)	m. UVZYV	whelming		0,01	6)-				4 days
		DUE TO (	OR AS A CONSEQUENCE OF	F):						
Z	Sequentially list conditions,	b								
¥ I	If any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE OF	F):						
CERTIFICATION	cause. Enter UNDERLYING									
Ĭ.	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEQUENCE OF	F):						
E	resulting in death) LAST									i
與		d								
	PART II. Other aignificant condition	a contribution to	leath but not resulting I	n the tradecist						
EDICAL				in the onderly	ig cause g	iven in	PRIT I. 24a.	WAS AN AUTO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	Viobetes	Mellin					10	YES 2 121	NO	COMPLETION OF CAUSE
	Chronic	Ohshvefor	· Pulmons	- Dr	Hose					OF DEATH?
Σ				7	wat		-			1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL									
ਹ	EXAMINER?	HOSPITAL:			LACE OF DE	ATH (Che	ick only one)			
S	1 TYES 2 NO		ER/Outpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Rec	eldence	8 Other (Spe	cifv)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II		E OF 28c. II	JURY AT		28d. DESCRIBI		Y OCCUBED	
	1 Natural 5 Pending	(Month, Day	( Year) INJ		ORK? YES 2	No.				
B	2 Accident Investigation	20 DI ACE OF	IN HARM AA A		_	, NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	building, at	INJURY At home, farm, atc. (Specify)	treat, tactory, off	Ce		281. LOCATION City or Tow	(Street end N	lumber or Rural F	Route Number,
E	4 Homicide determined					- 1				
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of m	ny kaominana da ah ara		- Allie	10.5	St. E.Mary			
2	(Check only one)	CIAN. 10 the Dast of 11	ny knowledge, dawth occurre	d at the time, dar	e end place,	end due	to the cause(s)	end menner	ee stated.	
2	WEDICAL EXAMINE	H: On the beels of exa	mination end/or investigatio	n, in my opinion,	death occure	d at the t	time, date end p	place, end du	e to the ceuse(s	) end menner es steted.
	296. SIGNATURE AND TITLE OF CERTIFIE	11	1		29c. LICE	NSE NUM	RED	1 20	A DATE BIONED	de-m o- Mai
BE	M/200 /	mothe	) MT	)	THE STORY	NOM	w4N	290	I DATE SIGNED	(Month, Day, Year)
2	7.		1- , 11)						10/2	191
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)					- (	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE							
	OCT 03 1991	Alic Brinds	on-Randell							
1	00.001331	11	مريد المحمد							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After filed within 72 hours after deat	PORTANT: If Item 28 is mi
2	23	=

mir-Pages 1, 2, 3 should

	1 - STATE REGISTRAR		CERTIFI	MENT OF I	HEALTH AND I	MENTAL HYGIENE REG. NO.	31	
	1. DECEDENT'S NAME (First, Middle, Last	IRGINIA B	. SHERW	OOD		2. DATE OF OEATH DAY	91 YE	3. TIME OF DEATH 9:52 A. M
	4. SOCIAL SECURITY NUMBER 216-46-2397	1 🗆 M 2 🔀 F		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) SEPT • 11/1	0	IRTHPLACE (State or Foreign ountry) ST VIRGINIA
TOR	9a. FACILITY NAME (If not institution, give  7 DEVON HILL  SIDENCE OF DECEDENT		. A-5		TIMORE		c. COUNTY (	OF DEATH
DIRECTOR	MD .		10c. CITY,	TOWN OR LOCA BAI	TIMORE	CITY		10d. INSIDE CITY LIMITS?  XIX YES 2 NO
FUNERAL	7 DEVON HILL		APT. A-	5	1. ZIP COOE 21210			U.S.A.
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, s	CENOENT OF HISPAN Decify Cuban, Mexica S 2 NO Specify	IIC ORIGIN? (Specify Yes or n, Puarto Rican, etc.) /:		RACE — American Indian, Black, White, etc. Specify: WHITE
LETED	15. OECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	DUCATION de completed) Collège (1-4 or 8+)	1	ork done during m retired.)	ost of working	16b. KIND OF BUSIN	ESS/INDUSTI	
COMPLET	1 2 17. FATHER'S NAME (First, Middle, Last)	PADDETT	HOSPIT	AL UF	18. MOTHER'S NA	ME (First, Middle, Maiden Su	mame)	L
TO BE	JOHN BARRELL  19a. INFORMANT'S NAME (Type/Print)	BARRETT	19b. MAILING	ADDRESS (Street		NARD CLARK Route Number, City or Town,		9)
T	SUE C. SHERW(		6027	OF OISPOSITIO		OAD BALTI		MD . 21210 or Town, State
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I		DRUID RI	DGE CE	ND ADDRESS OF FA	jo/4 pike JENKINS A RD.,BALTO	ND SO	LE.MD.21208 ONS 21212
	23. PART I. Enter the diseases, Dahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on Myo Ca	ed the deeth. Do not each line.	Infar		h aa cardiac or reapira	lory arrest,	Approximate interval Between Opaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS	A CONSEQUENCE OF	):				
ERTIF	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF	):		lik.		
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of the co	one contributing to death	but not resulting to	the undertrie	ng cause given in	Part I. 24a. WAS AN AL PERFORM 1  YES 2 X	ED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER:	PLACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURE	0
ED	3 Suicide a Could not b	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, s pecify)	treet, factory, off	Ce Ce	28f. LOCATION (Street and City or Town, State)	l Number or R	ural Route Number,
COMPLET	conton only 21	YSICIAN: To the best of my kn NER: On the basis of examina						use(a) and menner as stated.
BE	296, AJONATURE AND TITLE OF GENTLE	Thank M	0		P33			ONEO (Month, Day, Year) -1-91
10		GLEHART II	I M.D.,	500 W.	UNIVER	RSITY PKWY	.,BAI	LTO.MD.21210

Julia Savidson-Randall

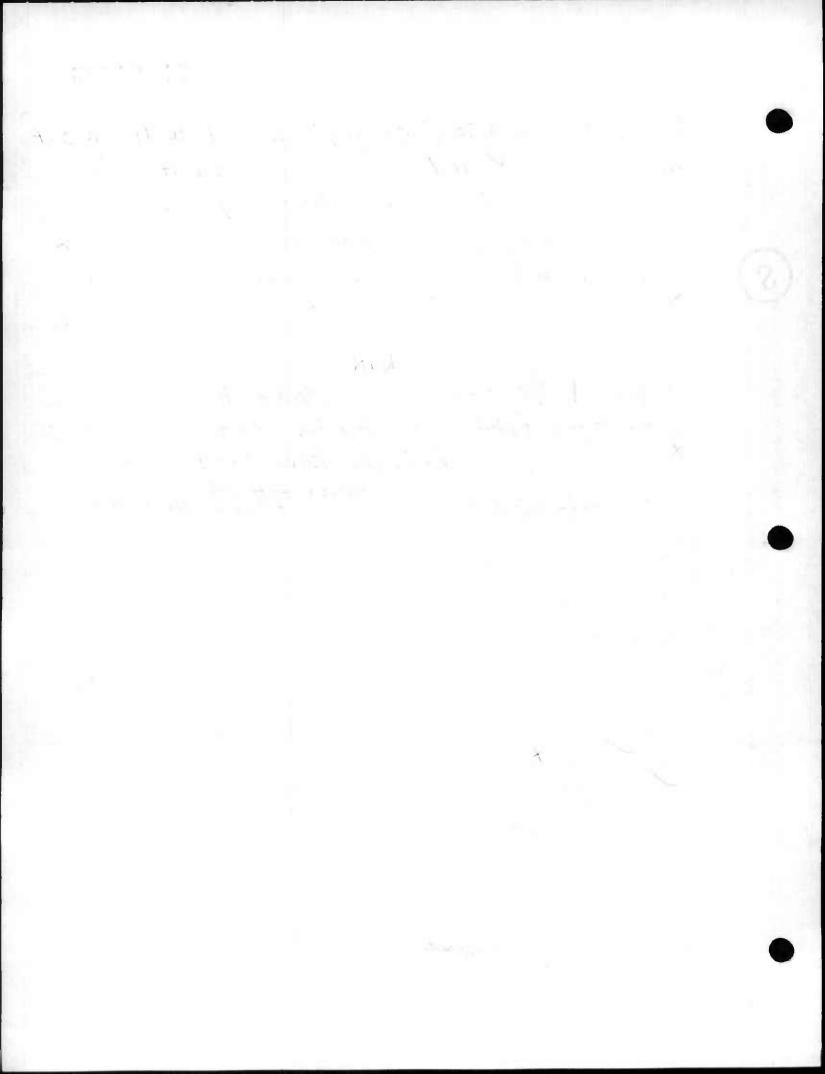
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE RUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, ages 5 should be detached for use as the burial transit narmer because 1.0 s about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be meditied at once

	1. DECEDENT'S NAME (First, Middle, Last)	AS O. SUN	DDIII O		OAIL	OF .	DEAT	H	2 DATE	REG. NO			3. TIME OF DEATH		
		THORVAI	D O. SE	NNESE	ETH				MONTH		, 199	YEAR	3:50 A.		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDER 1 Y	_	IF UNDER 2	4 HRS.	7. DATE (	OF BIRTH , Day, Year)	,	8. BIRTH	IPLACE (State or Foreign		
	212-05-2411	1 🔀 M 2 🗆 F	88	YRS.		MYS	HOURS		DEC.	14,19	14,1902 Country) NORWAY				
œ	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO				ATH		9c. COU				
510	RESIDENCE OF DECEDENT								BA	LTI	10RE				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR I								10d. INSIDE CITY LIMITS?		
	MARYLAND 10e. STREET AND NUMBER	HOWARD			ELKR		ZIP CODE				I arm		1 VES 2 NO		
ERA	5887 N. BONNIE VI	IEW LANE				101.	21227	7				S.A.	VHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	S OECE	NDENT OF	HISPANI	C ORIGIN	? (Specify Yes		14. RACE	- American Indian.		
BY F	1 Never Married 2XXMarried 3 Widowed 4 Divorced	IF YES, GIVE W	YES Z	NO			cify Cuban, 2 XNO			ican, atc.)		Speci	t, White, alc.		
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCU	IPATIO	<u> </u>		166	KIND OF BUS	THE PART OF THE PA	TIOTEN	WHITE		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of w Do NOT use	rork done duri e retired.)	ng most	of working		100.	KIND OF BU	HAESSAINE	USINT			
COMPLETED	12		L	INEMA	NEMAN PENNSYLVANIA F						RA	ILROAD			
	17. FATHER'S NAME (First, Middle, Last)	CEN								iddle, Malden	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	SEN	NESETH	L MAILINO	ADOBESS (S				HANS	EN er, City or Town	Win				
2	EDITH L. SENNESET	TH (WIFE	)	5887	N. BO	NNI	E VII	EW L	ANE,	ELKRII	OGE, M	(ARYI	AND 21227		
	20e. METHOD OF DISPOSITION 1 N Burtal 2 Cremation 3 Remo	oval from State	20b. PLACE	AND DATE O	F DISPOSITIO				OATE		CATION —				
	4 Donation 5 Other (Specify)		ST.	JOHN					/4/91	WAT	CERLO	O, MA	RYLAND		
	at signature of rondord critice of	ENGEE )	S	0	LER	OY	M. &	RUS	SELL	C. W	TZKF	FIIN	IFRAT. HOMES		
-	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228  23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										E,MD.21228				
	onoon, or most religie.	omplicationa thei List only one ceu	cauced the de se on each line	eth. Dp no	ot enter the	e mod	e of dying	g, auch	aa cerdi	ac or reapl	ratory arr	est,	Approximate interval Between		
	IMMEDIATE CAUSE (Finei disease or condition		Arteri	oscle	rotic	. ce	rdio	vasc	cular	dise	ase		Onset end Deat		
	resulting in death)	DUE TO	(OR AS A CONSEC										years		
Z	Sequentially list conditions,	b													
ATE	if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSEC	DUENCE OF)	):										
FIC	CAUSE (Disease or Injury that initileted events	DUE TO	(OR AS A CONSEC	DUENCE OF	):										
CERTIFICATION	resulting in death) LAST	d													
5	PART ii. Other aignificent conditions	a contributing to	death but not r	equiting is	the under	lulan	cause also	in le D				Tax			
CA	Arteriosclero							len in Fa		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE		
MED	cancer lung									1 TYES 2	NO		OF DEATH?		
									_				1 TYES 2 NO		
ž	25. WAS CASE REFERRED TO MEDICAL				OTHER:	6. PLA	CE OF OEA	TH (Chec	k only one	)					
ICIAN:	EXAMINER?	HOSPITAL:													
TSICIAN:	1 TYES 2 NO	1 🗆 Inpetient 2 🗆		□ DOA	4 Nursing										
V PHYSICIAN: MEDICA	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending		INJURY		A Nursing OF 286	WORK	RY AT	- 2		(Specify)	JURY OCC	URIED			
à	1 VES 2 NO  27. MANNER OF DEATH  1 Hacural 5 Peoding Investigation	1 Inpetient 2 Inpetient 2 Ins. DATE OF Inferience Of Infer	INJURY n: Year) F INJURY At hos	280. TIME	A Nursing	WORK	RY AT	NO 2	284, DESC	TIBE HOW IN			side Alamber		
à	1 VES 2 NO  27. MANNES OF DEATH  1 Harural 5 Peoding Investigation	1 Inpetient 2 Inpetient 2 Ins. DATE OF Inferience Of Infer	INJURY	280. TIME	A Nursing	WORK	RY AT	NO 2	284, DESC				oute Number,		
à	1 YES 2 NO  27. MANNES OF DEATH  1 Harbural S Pending Inventigation  2 Accident Inventigation  3 Suicide Selections  4 Homicide Selections  29a CERTIFUER COROC ON	1 Inpetient 2 Inpe	INJURY n. Year)  Filicity — At her etc. (Specify)  my knowledge, dea	28h, TIME INJUI	OF 286 BY M 1 Twell, factory.	MORN WORK	RY AT C? S 2 N	NO 2	284, DESC 281, LOCAT City or	FIRE HOW IN FION (Street as Store, State)	nd Municiper :	or Flunel Fe			
à	1 YES 2 NO  27. MANNES OF DEATH  1 Harbural 5 Pending Investigation 2 Accident Investigation 3 Shalcide 9 Could not be determined	1 Inpetient 2 Inpe	INJURY n. Year)  Filicity — At her etc. (Specify)  my knowledge, dea	28h, TIME INJUI	OF 286 BY M 1 Twell, factory.	MORN WORK	RY AT C? S 2 N	NO 2	284, DESC 281, LOCAT City or	FIRE HOW IN FION (Street as Store, State)	nd Municiper :	or Flunel Fe			
COMPLETED BY	1 YES 2 NO  27. MANNES OF DEATH  1 Harbural S Pending Inventigation  2 Accident Inventigation  3 Suicide Selections  4 Homicide Selections  29a CERTIFUER COROC ON	1   Inpetient 2   28s. DATE OF   28s. PLACE OF building, s  CIAN: To the best of s  B: On the basis of ex-	INJURY n. Year)  Filicity — At her etc. (Specify)  my knowledge, dea	28h, TIME INJUI	OF 286 BY M 1 Twell, factory.	MORE WORK Office office date so	RY AT C? S 2 N	NO 2	28d, DESC 28t, LOCAT City or 3 the cause me, data a	FIRE HOW IN FION (Street as Store, State)	nd Number of	or Flund Fo d. cause(s)			
DE COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATH  1 Heatural S Proding Investigation  2 Accident Investigation  3 Guicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFITING PHYSIC Check only 2 MEDICAL EXAMINER  290. SIGNATURE AND TITLE OF CERTIFIER	1   Inpetient 2   28s. DATE OF   28s. PLACE OF building, s  DIAN: To the best of s B. On the bests of ess	INJURY — At her str. (Specify)  my knowledge, des sminstlen and/or in	28h. TIME INJUI	A Nursing OF 28c HY M 1 Treet, factory.  I at the time, I in my opinic	MORE WORK Office office date so	RY AT C?  S 2 N  nd place, an  th occured	NO 2	28d, DESC 28f, LOCAT City or 1 the cause me, date a	FIRE HOW IN FION (Street as Store, State)	nor an state ther an state ther an state	or Flund Fo d. cause(s)	and manner as statud.		
DE COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Peoding Investigation  2 Accident 0 Could not be determined  29a CERTIFIER CORCON 12 MEDICAL EXAMINER	1   Inpetient 2   28s. DATE OF   28s. DATE OF   28s. PLACE OF   building, s  CIAN: To the best of set   COMPLETEO CAUS!	INJURY — At her str. (Specify)  my knowledge, des sminstlen and/or in	28h. Time Philuime, Farm, ser mestigation, vestigation, V 27) (Type, F	OF 28c HY N 1 1 reet, factory.	MORE SE	RY AT C?  S 2 N  nd place, an  th occured	nd due to at the lin	284. DESC 281. LOCAT City or 3 the cause me, data a	FIRE HOW IN FION (Street as Store, State)	ner on state due to the 294. DATE 1	or flurel fo d. cause(s) )/1/5	and manner as statud. Month, Dig. Year;		

BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				FICATE OF			REG. NO.		
	1. DECEDENT'S NAME (First, Middle, L.	11.	cresa S	Shockley	0.S.P.	2. DATE MONTI	of DEATH DAZ6	9 YEAR	3. TIME OF DEATH
	219-54-3353	5. SEX 6. AC	GE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8. BIRTI Count	NPLACE (State or Fore
OR	ST. AGNES	Hospital		96. CITY, TOWN	TIMORE	EATH	9c. CO	HIM.	DEATH ORF (
DIRECTOR	10a. STATE 10b. COL	UNTY	10c, CI	TY, TOWN OR LOCA	TION	<u></u>	/ Veni	1////	10d. INSIDE CITY
	10e. STREET AND NUMBER	BALTIMORE		13AH1	MORE H. ZIP CODE		10g, C/	IZEN OF 1	1 Tes 2
FUNERAL	701 GUN K	Rd. (SISTE,	RSOFPI	ROV.)	2122	7	COLUMN TO SERVICE	4.5	· A.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YE IF YES, GIVE WAR OF	ES 2 NO	II yes, s	DECITION OF HISPA Decity Guban, Mexico S 2 NO Specific	en, Puerto F	7 (Specify Yea or No— Rican, etc.)	14. RACI Blac Spec	E — American Indi
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [College (1-4 or 5 +)]  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
	17. FATNER'S NAME (First, Middle, Lesh	Shockle	0,	NUN	18. MOTHER'S NA	ME (First, A	Middle, Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Apporprint) Sister Hex	is Fisher	1. 196. MAILING	O ADDRESS (Street	and Number or Rural	Route Numb	or, City or Town, State, Z.	p Code)	1 2/2
	20a, METNOD OF DISPOSITION  1   Burial 2   Cremation 3   Ramoval from Stata  20b. PLACE AND DATE OF DISPOSITION (Name of )  Committee of the place o								
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	22. NAME A	ND ADDRESS OF FA	CILITY	1/ost	9/	
	23. PART I. Enter the diseases,	or complications that cause	sed the death. Do	not enter the mo	ch f.	300	wakas	61	que
	23. PART 1. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Injecte	each ina.	eu bi tui		3 00) h as card	wakes lac or reapiratory and	reat,	Interval B
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. IMPC/e DUE TO (OR AS DUE TO (OR AS	al dec	eubitul		BOD has card	wabas	reat,	Interval B
AL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Mecke Die to (or As DUE to	S A CONSEQUENCE O	Cubitul Pri: Pri:	( ano	Sle	hidroka 24a. WAS AN AUTOPSY		Interval B Onset and
MEDICAL	iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Mecke Die to (or As DUE to	S A CONSEQUENCE O	Cubitul Pri: Pri:	( ano	Sle	hidrokio		WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of	a. IMPLE TO (OR AS DUE TO (OR	S A CONSEQUENCE O	Cubi tul  OF):  In the underlying  26. PI	g cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1   YES 2   NO		WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
DICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	a	S A CONSEQUENCE O	26. PI OTHER:  4 Nursing Nom	g cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1   YES 2   NO	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnilicant conditions are suiting in death and conditions are suiting in death.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Setural 5 Pending investigations.	a. DUE TO (OR AS  DUE	S A CONSEQUENCE O	20 b) FUL  DEP:  DEP:  26. PIL  OTHER:  4 Nursing Nom  HE OF 28c. INJ.  JURY WO  M 1 1 1	g cause given in  ACE OF DEATH (Ch	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO (Specify)	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COF DEATH?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnilicant conditions in the condition of	a. Die TO (OR AS  b. DUE TO (OR AS  DUE TO (OR AS  d. DUE TO (OR A	S A CONSEQUENCE O	20 b) FUL  DEP:  DEP:  26. PIL  OTHER:  4 Nursing Nom  HE OF 28c. INJ.  JURY WO  M 1 1 1	g cause given in  ACE OF DEATH (Ch	Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COF DEATH?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	a. DUE TO (OR AS  DUE	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  D but not resulting  utpstient 3 □ DOA  Y  28b. Tim (N)  RY — At home, farm, pocify)  powledge, dasth occurrence.	26. PJ  OF):  26. PJ  OTHER: 4   Nursing Nom ME OF   28c. INJ JUHY   Word   1   1   1   1    street, factory, office	g cause given in  ACE OF DEATH (Ch.  5  Residence URY AT RK7 (FS 2 NO  a  and place, and due	Part i.  Part i.  Deck only one  B Other  28d. DESC  City of	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Specify)  TION (Street and Number Town, State)	24b.	1 YES 2 N
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	a. DUE TO (OR AS  DUE	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  D but not resulting  utpstient 3 □ DOA  Y  28b. Tim (N)  RY — At home, farm, pocify)  powledge, dasth occurrence.	26. PJ  OF):  26. PJ  OTHER: 4   Nursing Nom ME OF   28c. INJ JUHY   Word   1   1   1   1    street, factory, office	g cause given in  ACE OF DEATH (Ch.  5  Residence URY AT RK7 (FS 2 NO  a  and place, and due	Part I.  Part I.  28d. DESC  281. LOCA City o	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Specify)  TION (Street and Number Town, State)	24b. CURED or Rural R led.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 N



permit, Pages 1, 2, 3 should

page 5 should be detached for use as the burial-transit

funeral director,

ed in by the f

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

ETED

COMPL

2

notified at once.

must be

examiner

other traumatic event, the medical

6

CERTIFICATION

CIAN: MEDICAL

SAH

BY

COMPLETED

BE

2

LAU

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF EBEL

CARL

02 199

31. DATE FILED (Month, Day, Year)

OCT

marked,

7401

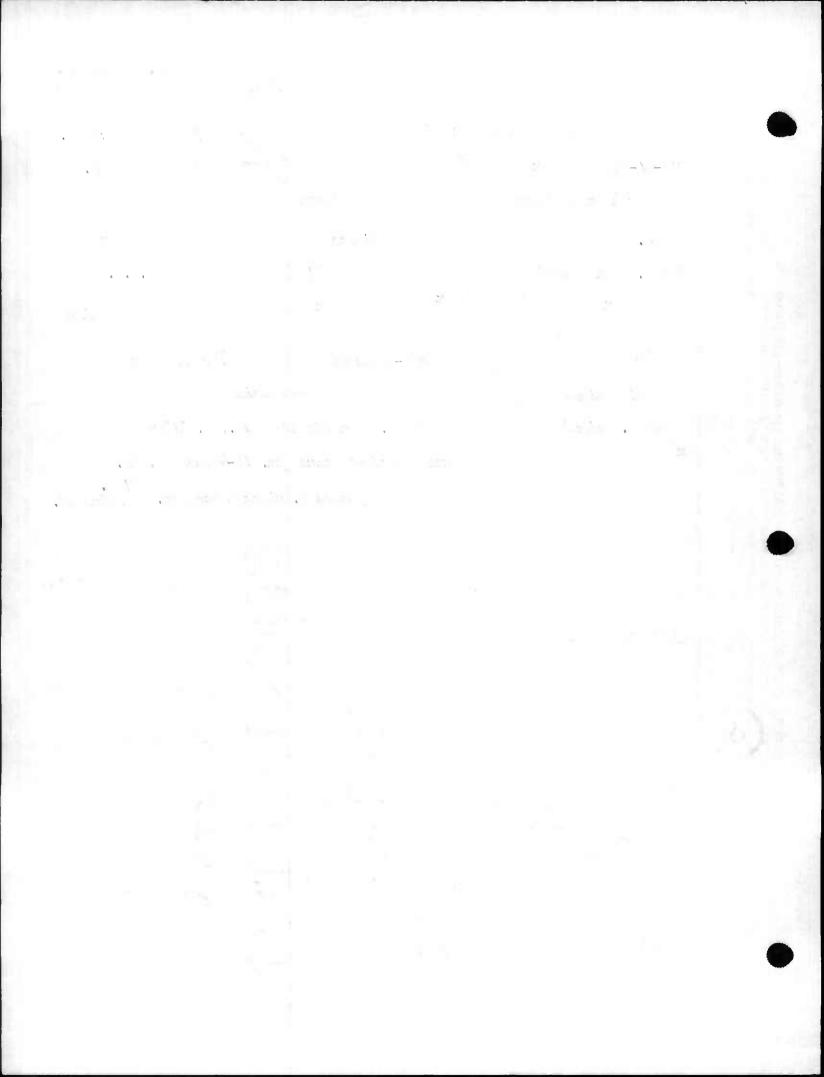
32. REGISTRAR'S SIGNATURE

attending physician and completely filled in by intra Hygiene prior to burial, cremation, or remo uning that the death certificate be executed within ned by the atten mpi of saith and Mental OR ATTENDING PHYSICIAN E S this o 70 THE HOSPITAL ON ALTERNATION TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with an anternation of the property of TO THE FUNERAL C TO THE FUNERAL C be filed within 72 hy IMPORTANT: If IR

OHMH-16 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)

10-2-91



osb	he	aš.
e	eta	2
¥	9	#
P	ple	P
aine	Sho	Ē
190	S	9
y be	age	9
E	9,	TS.
9 9	rect	Ē
Pag	9	Jec
5	Ner	E
de	e fe	еха
afte	y th	ca
ST	re re	Pe
S	bed o	E
22	y fill	=
ill.	ema	at,
3	D C	eve
cirle	d co	iic
exe	P 0	ша
8	Cian	367
cate	mysi a	10
THE STATE OF	De p	#
h ce	五	10
deat	afte	×
the state	The the	금
Tat	30	À
SS	aft aft	69
TE.	He Si	3
Je /	beer .	5
1	Dep	23
F	ate	E
AN	the St	=
SICI	E 6	
PHY	this	à
9	at at	Ē
ō.	r de	.00
E	E te	200
RA	ES ES	E
THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	The PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hypiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA I	1
SI	3	AN
里	N B	E
50	1 = B	를
8-	750	=

217 01 2110  90. FACILITY NAME (If not institution, give street of Franklin Sq. Hospit RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  1309 Eastern Ave.  11. Marital STATUS  1   Never Married 2   Merried  3   Widowed 4   Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade composite of the comp	m 2 OXF  and number)  tal  imore  was decedent e forces? 1   references? 1   references. 1   r	160. DE GG BHG.	TOC. CIT	y, town of Es	DAYS  OR LOCAT  SSEX  101  WAS DEC  If yes, spot  of during mod  CCUPATIC  CSEY  SITION (Nai	ENDENT OF HIS EN	DEATH  DEATH  DEATH  DEATH  NAME (First, y Bie Bil Route Num Balt	N7 (Specify Ye Rican, etc.)  Middle, Melden  necki  hber, City or Tow	1910  9c. COUNT BAI  10g. CITIZE  10g. CITIZE  10g. CITIZE  10g. CITIZE	COUNTY OF THE PROPERTY OF WAR AS SPECIFIC STRY	10d. INSIDE CITY LIMITS? 1 VES 2 NO HAT COUNTRY?  - American Indien, White, etc.
217 01 2110  9e. FACILITY NAME (if not institution, give street of Franklin Sq. Hospit RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  Md.  10c. STATE  10b. COUNTY  Balti  10c. STREET AND NUMBER  1309 Eastern Ave.  11. MARITAL STATUS  1   Never Married 2   Merried  3   Widowed 4   Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade comp  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Frank  19e. INFORMANT'S NAME (Type/Frint)  Eleanor Ziemba, Da  20e. METHOD OF OISPOSITION  1X Buriel 2   Cremetion 3   Removal 14   Donetion 5   Other (Specify)	I M 2 OF and number) tal impre  . Was decedent a fonces? 1 I fonces? 1 I fonces? 1 I fonces? 1 I fonces? 1 I fonces? 1 fonces?	EVER IN U.S. AR  ] YES 2 200  R OR DATES  160. DE (G. Hr.)  19th  20b. PLACE A CAMBRIDGE COMMENT COMME	MMED NO  CEDENT'S WAN KING OF W. DO NOT US  MAILING 1314  AND DATE C	USUAL OF CONTROL OF DISPOSE THE Place	DAYS  OR LOCAT  SSEX  101  WAS DEC  If yes, spot  of during mod  CCUPATIC  CSEY  SITION (Nai	HOURS MIN DR LOCATION OF VIILE  TION  ZIP CODE  2122  ENDENT OF HIS secity Cuben, Man 2 (2) NO Spi  Te. MOTHER'S MAT  AVE.	PANIC ORIGINATION OF THE PRINC ORIGINAL PRINCE (First, Puerto celly:  NAME (First, Y Bie Route Num Balt OA)	N? (Specify Ye Rican, etc.)  b. KIND OF BU  Middle, Melden necki nber, City or Tow	1910  9c. COUNT BAI  10g. CITIZE  or No.— 1  SINESS/INDU:  Home  Surname)  ///, State, Zip C  Md. 2	COUNTY OF THE PROPERTY OF WAR AS SPECIFIC STRY	Ind. INSIDE CITY LIMITS?  I VES 2 NO HAT COUNTRY?  American Indien, White, etc.
Franklin Sq. Hospit  RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  1309 Eastern Ave.  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade composition)  Frank  190. INFORMANT'S NAME (First, Middle, Last)  Frank  190. INFORMANT'S NAME (Type/Print)  Eleanor Ziemba, Da  200. METHOD OF OISPOSITION  130 Burlet 2 Cremetion 3 Removal 14  Donetion 5 Other (Specify)	imore  . WAS DECEDENT E FORCES? 1 [ ] IF YES, GIVE WAR ON ON Oldege (1-4 or 5+)  mala  aughter  from State	160. DE GG BHG.	CEEDENT'S NOW KING of W. Do NOT US. HOUSE	y, town of Es	OR LOCATION OF JE	CION  ZIP CODE  2122  ENDENT OF HIS ECITY Cuben, Man 2 CHO Spi st of working  1e. MOTHER'S  Mar  AVe.	DEATH  I PANIC ORIGINATION OF THE PROPERTY OF	N7 (Specify Ye Rican, etc.) b. KIND OF BU Middle, Melden necki nber, City or Rw imore,	9c, COUNT BA	USA 4. RACE Black, Specifi STRY	100 INSIDE CITY LIMITS? 1 YES 2 NO MAT COUNTRY?  - American Indien, White, etc.
10e. STATE Md. Balti  10e. STREET AND NUMBER  1309 Eastern Ave.  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATIO (Specily only highest grade comp  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Frank Em  19e. INFORMANT'S NAME (Type/Print)  Eleanor Ziemba, Da  20e. METHOD OF OISPOSITION  13. Burlet 2 Cremetion 3 Removal 14. Donetion 5 Other (Specily)	. WAS DECEDENT E FORCES? 1 TO IF YES, GIVE WAR ON poleted) oilege (1-4 or 5+)  mala  rughter  from State	160. DE GG BHG.	CEEDENT'S NOW KING of W. Do NOT US. HOUSE	USUAL ON WORK done to retired.)  ADDRESS Dor  OF DISPOSS their place)  urt o	WAS DEC If yes, spin to YES CCUPATIC during most	ENDENT OF HIS EN	PANIC ORIGINAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	Middle, Meiden  Mecki  Ther, City or Tow	SINESS/INDU: Home Surname)  ///, State, Zip C Md . 2	USA 4. RACE Black, Specific Stry STRY	LIMITS?  1 YES 2 NO  HAT COUNTRY?  - American Indien, White, etc.  White
1309 Eastern Ave.  11. MARITAL STATUS  1   Never Married   2   Merried   12.  1   Never Married   2   Merried   12.  1   Never Married   2   Merried   12.  1   Never Married   2   Merried   12.  1   Specify only highest grade composition   13. Bernettary/Secondary (0-12)   Composition   14. Bernettary/Secondary (0-12)   Composition   14. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   15. Bernettary/Secondary (0-12)   Composition   Comp	. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR  ON plotted) ollege (14 or 5+)  nala  aughter  from State	160. DE GG BHG.	CEDENT'S WE WIND ON WAR HOUSE  MAILING 1314  AND DATE C	USUAL OCOVORA done one retired) SEWIF	WAS DEC If yee, spot 1 UYES  CCUPATION  during most  Fe  S (Street est  SEY  SITION (Nai	2122 ENDENT OF HIS secity Cuben, Max 2 TNO Spi 2 TNO Spi 10. MOTHER'S MAT AVE.	PANIC ORIGINAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	Middle, Meiden  Mecki  Ther, City or Tow	SINESS/INDU: Home Surname)  ///, State, Zip C Md . 2	USA 4. RACE Black, Specific Stry STRY	- American Indien, white, etc.  White
1 Never Married 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade composition) Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last) Frank 19e. INFORMANT'S NAME (Type/Print) Eleanor Ziemba, Da  20e. METHOD OF OISPOSITION 13C Burlet 2 Cremetion 3 Removal 14 Donetion 5 Other (Specify)	FORCES?  IF YES, GIVE WAR  ON poleted)  ollege (1-4 or 5+)  mala  aughter  from State	160. DE GG BHG.	CEDENT'S WE WIND ON WAR HOUSE  MAILING 1314  AND DATE C	USUAL OCOVORA done one retired) SEWIF	Types, spent of the second during most during most second during most	DN st of working  1e. MOTHER'S  Mar  AVe .	NAME (First, y Bie Balt	Middle, Meiden  Mecki  Ther, City or Tow	Home Surname)  vn. State, Zip C  Md. 2	4. RACE Black, Specific Strry	- American Indien, White, etc. White
(Specify only highest grade complete in the co	nala aughter from State	20b. PLACE A Semilary, creating Sacred	House  Mailing  1314	ADDRESS Dor OF DISPOS SHer place)	during most	1e. MOTHER'S Mar  nd Number or Rul  Ave.	NAME (First, y Bie: Balt	Middle, Meiden necki nber, City or Tow imore,	Home Surname) m, State, Zip C Md. 2	ode) 2122	
Frank Em  190. INFORMANT'S NAME (Type/Print)  Eleanor Ziemba, Da  200. METHOD OF OISPOSITION  130 Burlet 2 Cremetion 3 Removal 1  4 Donetion 5 Other (Specify)	aughter	20b. PLACEA Semetery, cree Sacrec	1314	Dor Dispos Ther place)	sey SITION (Nai of Je	Mar nd Number or Rus Ave.	Balt	necki nber City or Tow imore,	Surname) m, State, Zip C	2122	
Eleanor Ziemba, Da  20a. METHOD OF DISPOSITION 130 Burlet 2 Cremetion 3 Removal 1 4 Donetion 5 Other (Specify)	from State	20b. PLACEA Semetery, cree Sacrec	1314	Dor Dispos Ther place)	sey SITION (Nai of Je	Ave.	Balt	imore,	Md. 2	2122	
120 Buriel 2 Cremetion 3 Removal f 4 Donetion 5 Other (Specify)	pt.	Sacred Sacred	and DATE of partony or of	rt o	of Je	me of	1 .	TE 20c. LO	CATION - CH	ty or Tow	rn, State
25 SIGNATURE OF FUNERAL SERVICE LICENSE		1		22.	-			3/91	Baltim	ore	Co., Md.
	7 1	with		B	Bruzo	o address of Zinski	Fune:	ral Ho	me PA		d. 21221
Sequentially list conditions,	Suspecte	ras a consed fibril ras a consed	Tati DUENCE OF TEMB	on olus							Interval Betwee
PART II. Other algoliticent conditions con	intributing to dec	eth but not re	eeulting i	n the un	derlying	ceuse given	in Part I.	24a. WAS AN PERFOR	RMEO?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
1	DSPITAL: Inpatient 2/ ER 26e. DATE OF INJ (Month, Day, Y	JURY	DOA 26b. TIME	OF	eing Home 28c. INJU WOF	ACE OF DEATH (  5  Residence  JRY AT  1K7  ES 2  NO	6 🗆 Othe		NJURY OCCU	RED	
3 Suicide 6 Could not be detarmined	26e. PLACE OF IN building, etc.	JURY — At hon (Specify)	ne, farm, at	ireel, facto		-	261. LOC City	ATION (Street a or Town, State)	and Number or	Rural Ro	ute Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: one) 2 MEDICAL EXAMINER: On	To the bast of my	knowledge, des	ith occurre	d at the tir i, in my of	ime, date e pinion, de	and place, and d	us to the car ne time, date	use(s) end man	ner as stated. d due to the c	ause(s)	and menner es stated.
296. SIGNATURE AND TITLE OF CERTIFIER	du	m				29c. LICENSE N	UMBER		29d. DATE S	IGNEO (F	Month, Day, Year)
	31 Backy 32 REGISTRAR'S	river N	leck		Bal	to. MD.	2122	21			

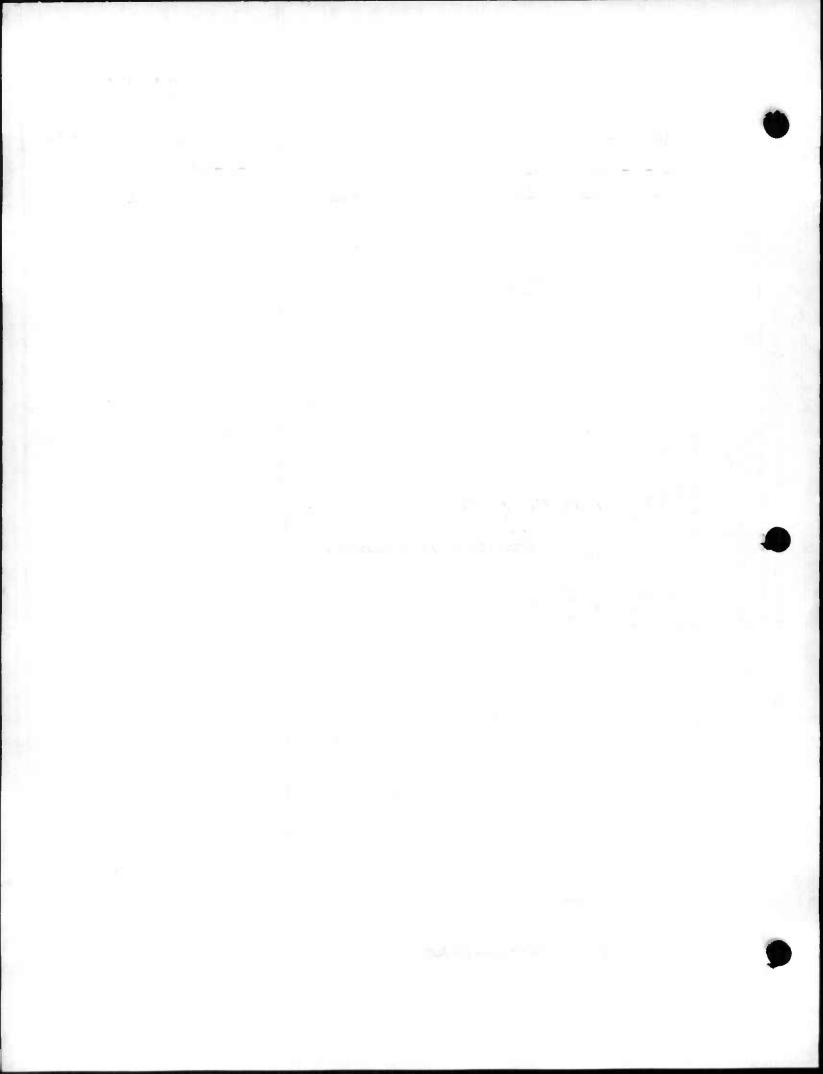
The contract of the contract o 

X 68760, BALTIMORE, MARYLAND 21215-0020	O THE HIGH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TOCINE FUNDRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 helps after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trau

31. DATE FILED (Magth, Day, Year)

32. REGISTRAR'S SIGNATURE a Davidson-Randall

4. SOCIAL SECURITY NUMBER 025-58-4939 94. FACILITY NAME (If not institution, give s	5. SEX 6. AGF /	0.77	1 CON		9 2	6 19	91	2;15p
9e. FACILITY NAME (If not institution, give s	1-M 2 □ F	In yrs. lest birthday) 79 <b>YRS</b> .	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH 5 24-191	2	Country) MAS	NCE (State or Foreign
Stella Maris Ho	Spice		Powson	OR LOCATION OF DE	ATH	Balt	OF DEAT	
RESIDENCE OF DECEDENT  100. STATE  106. COUNTY  MARYLAND	Y		Y, TOWN OR LOCAT					d. INSIDE CITY LIMITS?  YES 2 NO
1300 DUNDALK	AVENUE		101	ZIP CODE		10g. CITIZEI	N OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 10	13. WAS DEC			e or No- 14	. RACE — Black, W Specify:	American Indian, hite, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	18e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during mo e retired.)	DN st of working	16b, KIND OF BU			E
17. FATHER'S NAME (First, Middle, Last)  JOSEPH ZALOCHA  190. INFORMANT'S NAME (Type/Print)				KUNEGUN	DA SWI	ATEK		
REV. MARK CURES	SKY	12300	FOLLY	QUARTE	R ROAD E	m, Steta, Zip Co ELLICO	°210 0TT	43-1419 CITY
20s. METHOD OF DISPOSITION  1 [X Burlet 2 □ Cremetion 3 □ Remo 4 □ Donation 5 □ Other (Specify)	20b.	PLACE AND DATE O	F DISPOSITION (Ne	me of	Y9-28 B/	CATION — CITY	or Town,	State
Harmond	Herune	shi.	2525	ROWSKI FLEET S	FUNERAL TREET BA	HOME	MD.	
23. PART I. Euler the diseases, of c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the only one cause on as Cerebral Va	out inte,			as cardiac or reap	iratory arrest	,	Approximata interval Batweel Onset and Deat
	DUE TO (OR AS A	CONSEQUENCE OF	):					
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	):					
that initieted events resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):					
PART II. Other significant conditions	s contributing to death bu	it not resulting in	n the underlying	ceuse given in P	art 1. 24a. WAS AN PERFOF	RMED?	AWA COI OF	RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 \( \sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Chec				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	28e. DATE OF INJURY (Month, Day, Yeer) 28e. PLACE OF INJURY	28b. TIME INJU	OF 28c. INJU	PRY AT AK?	28d. DESCRIBE HOW I			
4 Homicide determined	building, etc. (Speed	y)	144-76	A	281. LOCATION (Street of City or Town, Stete)		Hurai Houte	Number,
	: On the beele of examination		o at the thine, cate	and prece, and due to	the canse(e) and mer	iner ee atated.		

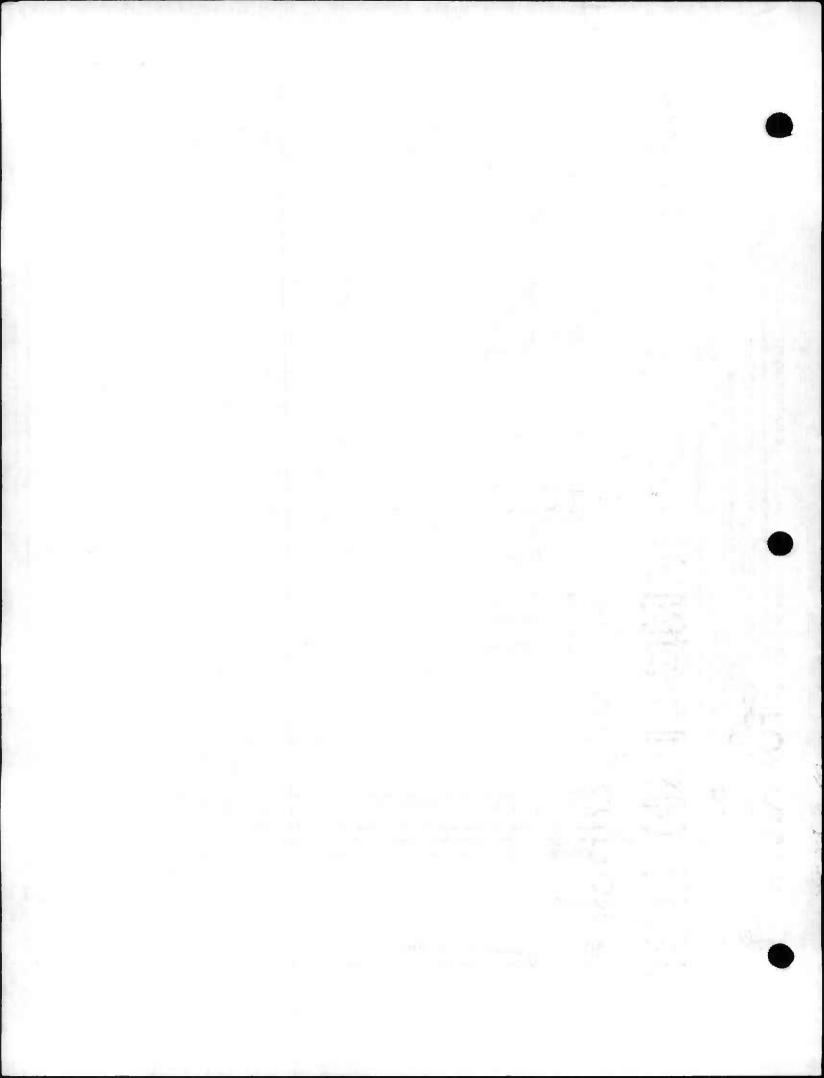


TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR		STATE OF MAR		/ DEPAR				MENTAL	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)	· Reno Al	lton	Aldri	dge			2. DATE O		-	YEAR	3. TIME OF DEATH  O150 M
4. SOCIAL SECURITY NUMBER 217 01 2652		5. SEX 6. A	GE (In yrs	lest birthday) YRS.	IF UNDER 1		UNDER 24 HRS. DURS MIN.	7. DATE C (Month, OCt.	Dey, Year)	905	Countr	PLACE (State or Foreign y) yland
90. FACILITY NAME (# not in Anne Arund	el Med		r			napol:	CATION OF DE	EATH		Anne		undel
100. STATE Maryland	10b. COUNTY	Arundel		1000	y, town or mbril	R LOCATION						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
100. STREET AND NUMBER						10f, Zii	CODE 1054					WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo	Married	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2	NO NO	H	f yes, specify	DENT OF HISPAN y Cuban, Mexica X NO Specifi	n, Puerto R	Ican, etc.)		14. RACE	— American Indian, k, White, atc.
(Specify on Elementary/Secondary (	EDENT'S EDUC ly highest grade 0-12)		16a	Give kind of the Do NOT u	work done di		working	16b.	KIND OF BU	SINESS/IND	USTRY	
4				Owne	r				Restau			
17. FATHER'S NAME (Flost, A Willis E.		σ <sub>P</sub>				16	Carrie					
19e. INFORMANT'S NAME (		80		19b. MAILING	ADDRESS	(Street and I	Number or Rural				Code)	
Eleanor M.	Aldri	dge		1344	Defer	nse H	ighway	Gamb	rills	Marv	land	21054
20e. METHOD OF DISPOSIT  1 Suriel 2 Cremete  4 Donation 5 Othe  21. SN FUNERA	on 3 🗆 Rem		of ceme	tary, cremator, Lady	of the Be	ne Fie NAME AND A eall-l	elds Ce ADDRESS OF FA Evans F	unera	cy Mi	ne, P	svil	nem, State  1e Maryland  and 20715
23. PART I. Inter the carbook, or handle in the carbook of indexed in the carbook of the carbook	tions,	a. RES PI  DUE TO (OR  COP. P.  DUE TO (OR  C. RENKY	AS A CON	INFO.	TOP:	AR	nest	?		iratory arr	rest,	Approximate Interval Between Onset and Desth
resulting in death) LAS		e ELEC										
		A , CON	68	TIVE		LUN		Part I.	24a. WAS AN PERFO	RMED?	248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	e (Outpotio	# 2 □ noa	OTHER	A:	E OF OEATH (C)					
27. MANNEB OF DEATH	Pending Investigation	28e. DATE OF INJU	URY	28b. TII		28c. INJUR WORK	F Residence Y AT P Residence	Y	CRIBE HOW	INJURY OC	CUREO	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF IN. building, etc.	JURY — / (Specify)	At home, farm,	street, fact	tory, office			ATION (Street or Town, State		r or Rural	Route Number,
onel -		ICIAN: To the best of my										e) end manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	n mn	(	MANLOS	2G	96 a.	D33	75	7	29d. DAT	E SIGNE	O (Month, Day, Year)
30. NAME AND ADDRESS O		NSVLA			e, Print)	AM	An	NUL	Δ	ma	2	1012
31. DATE EILED (Month Day	01	32 REGISTRAR'S	SIGNATU	Broke 12								_



4.3

B. 19

he hos	detach		once.
d by 1	ed be		d at
etaine	shou		otifie
/ be	age 5		pe u
6 та	ctor, p		nust
Page	dire		ner n
death.	funera		хати
after	y the	moval.	cai e
SUL	M in t	or re	тед
-2 u	ily fille	ation,	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
xecute	and co	burial	atic
De e	iclan a	nor to	Iraum
rificate	g phys	iene p	ther
th cer	tendin	Hyd	0 0
he dea	the at	Ment	nlury,
that t	od by	h and	any i
puires	Signé	Healt	OWS S
IW red	been:	pt. of	3 sh
The ia	te has	nte De	3ш 2
NAN:	rtifica	he Sta	or it
HYSIC	his ce	with t	ked,
DING F	After 1	death	шаг
TEN	TOR:	after	28 is
OR A	DIREC	hours	Пеш
PITAL	ERAL	1 2 ui	T: H
SOH 3	E FUN	4 with	RTAN
D TH	O THI	he filed	MPO
-		-	-

Gregorio Belloso, M.D.

91

31. DATE FILED (MODIL)

										J 1	L-ups N	
	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND I DEATH		HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH DA	ΙΥ	YEAR	3. TIME OF DEATH
			N. ADA					Sept.		1, 1	7 4 2	11:45 A. M
	4. SOCIAL SECURITY NUMBER 213–76–4036	5. SEX 1 M 2 X F	6. AGE (In yrs. Ins 77	YRS.	MONTHS 1	DAYS	HOURS MIN.	7. DATE OF (Month, D May 1	ay, Year)	914	Countr	PLACE (State or Foreign ry) ginia
1	9e. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, T		R LOCATION OF DE			9c. COU	NTY OF D	EATH
TOR	Home- 109 Chesape	eake Aver	nue			Cı	risfield	, MD		Sc	mers	set
DIRECTOR	Maryland 10b. COUNTY	Somerset		10c. CIT	r, town or		on isfield					10d. INSIDE CITY LIMITS?
	Maryland S	onerser		1		_	ZIP CODE			10a CITI	ZEN OF V	1 X YES 2 NO
FUNERAL	109 Chesapeake Ave					101.	21817			log. or		S.A.
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2-P		111	yes, spe	ENDENT OF HISPAN city Cuban, Maxice 2 NO Specify	n, Puerto Rice		or No—	14. RACE Black Speci	E — Americen Indien, k, White, atc. ////////////////////////////////////
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(G.	CEOENT'S ve kind of v Do NOT us	USUAL OCC vork done du e retired.)	CUPATIO	N it of working	16b. KI	ND OF BUS	SINESS/INC	USTRY	
7	None -			usew:	ife			H	lome			
	17. FATHER'S NAME (First, Middle, Last)  John H. Sommers						18. MOTHER'S NA	ME (First, Mide Virgin			el.	
BE	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADORESS (	Street ar	nd Number or Rural	Route Number,	City or Tow	n, State, Ziç	Code)	
2	Charles Adams						a,b,c,d,	e,f				
	20e, METHOD OF DISPOSITION 091 2 12 Burlet 2 Cremetion 3 Remo	191 val from Stale	20b. PLACE other pla	ace)			cemetery or	У		cation - isfie		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Beres	law	k	Bra	adsl	naw & So Main S	ns Fun	eral	Home	2	21817
	23. PART I. Entar the diseeses, or contact the contact fellure. L	mplications tha	t caused the de	igh. Do r								Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Charles May County	emin		PI	PR	Jonin	00 00	201	es 15021/	Ta	Onset and Death
	resulting in death)		(OR AS A CONSE		3:,	00	Comin Crual	27 CR			1	
NO	Sequentially list conditions,	C ASE	(OR AS A CONSE	NA TOUENCE OF	ul,	lid	rmali		-			
CAT	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury	lide			inos	na	e of 1	Cecter	m I	ge !	52	2 grs.
CERTIFICATION	that initiated events resulting in daeth) LAST	DUE TO	(OR AS A CONSE	DUENCE O	F):		,					
2	PART ii. Other significant conditions	a a nádbuálna á a	death had and			1		De de la			Lau	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Chronie Olo Melano			A		-	Viscas est Wa		PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ž												
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07:150		ACE OF DEATH (Ch	neck only one)				
YS!	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:		5 Reeldence	8 🗆 Other (	Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E		28b. TIM	E OF 2		URY AT RK? YES 2 NO	28d. DESC	RIBE HOW	INJURY OC	CURED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined		PF INJURY — At he atc. (Specify)	me, ferm,	street, facto	ry, office			ION (Street Town, Stete		r or Rural .	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINES											e) end menner ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	1/3	Plan	5	8		29c. LICENSE NU	MBER 505		29d, DA1	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	DE DE DEATH OVE	M OD C	24						1-1	- //

McCready Memorial Hospital - Crisfield, MD

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) STANLEY LEROY APPEL, S.			2. DATE OF DEATH Sept. 17,		3. TIME OF DEATH 2:35 PM M
		AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH OCT. 30,1	I a punt	HPLACE (State or Foreign Try)
OR	9a FACILITY NAME (If not institution, give street and number) 3708 Grier Nursery Road (Hi	art Heritage	CITY, TOWN OR LOCATION OF D Street	EATH	ec county of Harf	ord.
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY Pennsylvania York	10c. CITY, T Airvi	own or location 11e		-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10e. STREET AND NUMBER PO BOX 336		10f. ZIP CODE 17302		10g. CITIZEN OF USA	WHAT COUNTRY?
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify	en, Puerto Rican, etc.)	Bta Spe	CE — American Indian, ck, Whita, etc. icity: White
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of work life. Do NOT use re Plaste	done during most of working tired.)		siness/industry	
	17. FATHER'S NAME (First, Middle, Last) John Henry Appel	111000		AME (First, Middle, Maider	Sumame)	eheoek
TO BE	196. INFORMANT'S NAME (Type/Print) Sandra L. Mink		DRESS (Street and Number or Rural 336, Airville,			
	20e, METHOD OF DISPOSITION  1 X Burlal 2 Cremetion 3 Removal from State 4 Openation 5 Other (Specify)		ON (Name of cemetery, crematory or	20c. LC	cation - city or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	May Til	22. NAME AND ADDRESS OF F. Howard K. Mo 1317 Cokesbu	Comas III	Funeral	
NO	C 6. V					Approximate Interval Between Onset and Daeth  Grant Muscles  Muscles
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	COPD'				
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to de	ath but not resulting in	tha underlying ceuse given i		PRMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1  YES 2 NO 1 popular 2 E		28. PLACE OF DEATH (C			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF IN (Month, Day,	JURY 28b. TIME (	Nursing Home 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCUREO	
	2 Accionit	NJURY — At home, farm, stri (Specify)	pet, factory, offica	281. LOCATION (Street City or Town, Staff	t and Number or Run e)	al Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m					e(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	proc	29c, LICENSE N	UMBER	29d. DATE SIGN	EO (Marith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rint)		-	
	31. DATE FILED (MARIE DOLLARS) 91 32. REGISTRAR	s signature Davidson-Randa	02.			

TO THE HOSPITAL OR ATTENDING THIS MAY THE law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DRIFTCH ASSESSMENT PASS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 meaning death. In Health and Mental Housene prior to build: crimation, or removal	IMPORTANT: If Item 28 is granted, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	2	T
ained	hould	Med
e ret	10	not
ay b	page	Pe
E 9	ctor,	Topic Line
Page	dire	10
leath.	funera	хатіг
ter o	the the	31 6
IIS a	n by	palc
200	lled I	E
in 24	ely fi	=
d with	TO THE BUNERAL DIRECTOR Appearance of the bas been signed by the attending physician and completely filled in by the full be filled within 72 mentions of the filled	event
ecute	nd co	atic
98	an a	E
ate t	ysic	r tra
ertific	ng pl	othe
ith co	ibudi M Hv	0
e des	he af	un,
at th	by th	y in
s th	afth afth	30
quire	n sig	MO
W re	bee of	3 84
he la	e De	m 2
3	Set	墓
PS.	86	3
H	Đ	rka
是	Mil	릴
III.	84	8
R AT	REC	E
AL O	2 2 20	#
SPIT	NER.	H
E HO	E FU	BITA
HL C	THE STATE	AP0
H	F 2	=

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	TMENT	OF HE	ALTH	AND I	MEN	TAL HYGIEN		100	
	1. DECEDENT'S NAME (First, Middle, Last)					0				TE OF DEATH			3. TIME OF DEATH
	WILLIAM	ROBI	ERT		AN	IAST	os			9 18	AY 1	9 9 1	4:32 p
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lesi	birthday)	IF UNDER 1	YEAR	IF UNDER		7. DA	TE OF BIRTH		a. BIRTI	IPLACE (State or Foreign
	017-30-1808	1 🕅 M 2 🗆 F	50	YRS.	MONTHS	BYAD	IOURS	MIN.	3-	17-91		Mas	sachusetts
~	9a. FACILITY NAME (If not institution, give a	treet and number)			9b, CITY, T	OWN OR	LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	PEATH
DIRECTOR	PHYSICIANS ME		DSPIT	AL	LA	PL	ATA	Α				CHAF	RLES
	,	narles			ldori		N						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	520 Captain Demer	nt Drive				1,54	603	Ē.				SA	WHAT COUNTRY?
J.	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARI	AED O	13. WA	S DECEN	DENT O	F HISPAN	IIC ORI	GIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? V Y	P DATES			YES 2		Specify		to Hican, atc.)		Speci	
	15. DECEDENT'S EQUI												ite
	(Specify only highest grade	completed)	(Gir	e kind of w Do NOT usi	JSUAL OCC ork done dur retired.)	ing most	of workin	g		6b. KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		icema						Law E	nfor	cemei	nt
BE CO	17. FATHER'S NAME (First, Middle, Last) Argir Anastos					1	a. MOTH	illy	ME (First	t, Middle, Maiden OUM	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Anita B. Anastos		196	MAILING	ADDRESS (S	Street and	Number	or Rural F	Poute N	imber, city or Tow , Waldo	n, State, Zij	Code)	20603
	20e. METHOD OF DISPOSITION	-						C DI	_				
	1 Buriel 2 Cremation 3 Rame 4 Donation 5 Control	oval from State	20b. PLACE A cemetery, caer	ND DATEO	FDISPOSITI er place)	ON (Name	of		D	-23 Che	CATION —	Cify or To	wn, State
	21. SIGNATURE OF PINETPLESERVES LIE	Ensky A	матута	anu v	22 NA	ME AND	ADDRES	S OF FA	y J	-23 Une	rten	iam,	MU.
	· man	den						eral		me			
		lankenship	M008		P.	0. 1	Вох	156	. W	aldorf,	Md.	2060	04-0156
	23. PART I. Enter the diseases, or control shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Mult	n each iine.	i	-ju	ne moda	of dyl	ng, such	h as c	ardiec or reepi	ratory an	rest,	Approximata interval Batweer Onset and Death
		DUE TO (OR A	AS A CONSEQ	UENCE OF	" ]								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEC	UENCE OF	):								
RTIFI	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEO	UENCE OF	:								
	PART II Other classificant and distant												
DICAL	PART II. Other eignificent condition						ause g	piven in	Pert I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC													OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pt AC	E OF DE	EATH (Che					<u> </u>
Sic	EXAMINER?	HOSPITAL:	Duta et a . a .		OTHER:								
¥	27. MANNER OF DEATH	26s. DATE OF INJUS		26b, TIME		g Home Sc. INJUR'	_	sidence		her (Specify) ESCRIBE HOW II	HIRW OO	CHRED	
	1 Natural 5 Pending	09/18/1		3:29	RY	WORK	?	NO		VER I		/	AUTO
D BY	2 🔀 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJU	JRY — At hom		-		- 21	,				,	IMPACT
Ĕ	4 Homicide determined	PUBLIC	Specify)							CATION (Street a ty or Town, State)			
F	29a. CERTIFIER 1 CERTIFYING PHYSIC					3 10 20 10				NTSVII			RYLAND
¥	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kr R: On the bests of exemina	ation and/or in	restigation	, in my opin	i, data and iion, dasti	d placa, h occure	and dua ed at the t	10 the time, d	cause(a) and man	ner an atai	led. ne cause(a	) and manner as stated.
0 1	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					
E COMPLETE	THE OF SEIGHTER									1			(Month, Uay, Year)
BE	100	- 1X					0	C.N	1.E		<b>▶</b> 0		(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF			Print)	EET	0			ORE. M	▶ 0	9/19	

And all

12 F. 3

BALTIMORE, MARYLAND 21215-0020	NITS after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit parmit Pages	r removal.	redical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft nermit peace.	fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, La	st)							OF DEATH			3. TIME OF DEATN
ARCHIBALD		BRAWNE	ER				MONT	12	DAY	YEAR Q 1	5:00 1
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	7	R 24 HRS.		OF BIRTH		8. BIRTI	VPLACE (State or Foreig
579-12-2793	1 M 2 D F	76	YRS.	MONTHS DAYS	HOURS	MIN.		h, Day, Year) -03 <b>-</b> 14		LTa cl	
9a. FACILITY NAME (If not institution, give	re street and number)			9b. CITY, TOWN	OR LOCAT	ION OF D		11.2 1		UNTY OF D	
Washington Ac	dventist F	Hospital		Takom	a Pa	rk			Mon	toome	ry County
10a. STATE 10b. COU			10c, CITY	, TOWN OR LOCA	ATION					-6	10d. INSIDE CITY
MD Pro	ince Georg	705									LIMITS?
10a. STREET AND NUMBER	00012	500		Hyattsv	TITE	DE SC			10a. Cl	TIZEN OF Y	1 TYES 2 NO
8404 15 <sup>TH</sup> Ave	enue				2078	0 2			1		
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARM	MED	13. WAS DE	CENDENT	OF HISPAN	VIC ORIGIN	I? (Specify Ye	a or No—	II.S.	A American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	YES 2 NO	0	it yea, s	pecify Cubi S 2 NO	an, Maxica	n, Puerto	Rican, stc.)		Speci	E — American Indian, k, Whita, atc.
	1				11						lack
15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	(Gh	w kind of w	OSUAL OCCUPATION done during m	ION lost of worki	ing	16b	KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us								
17. FATHER'S NAME (First, Middle, Last)		Fac	tory	Worker				Knitt	ing ]	Facto	ray
Archibald Bra								Viddle, Maider	,		
19a. INFORMANT'S NAME (Type/Print)	wner	904	MAII INC	ADDRESS (Ov. 1	F	Pauli	ne.	Lava	lette		
Marie Brawne	70			ADDRESS (Street							
20a. METHOD OF DISPOSITION			404	FDISPOSITION (N		Ну	PATT	ville		2078	
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemelery, crem	atory or oth	her place)			1				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	FOFE	Linco	oln Ceme	NO ADDRE	SS OF FA	9/1	7 Broneral	entwo	od,	MD
OT linua	N.	_ /		For	rt Li	ncol	n F11	norel	Llama	T	
	- NJ 200	7		3/101 1	21 - 1 -	1	II I'U	nerar	поше	, III	с.
23. PART I. Enter the diseeses, o ahock, or heart feilur	r complications the	et caused the dea	th. Do n	3401 1	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722
23. PART I. Enter the diseases, o abock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	a. Card:	io Respin	cator	ot enter the mo	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722 Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)	a. Card:	io Respir	cator	ot enter the mo	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722 Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate	a. Card:	io Respin	cator DENCE OF Pry I	3401 )  Ty Arres  Disease	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722 Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	a. Card: oue to Coro: b. Due to	io Respin O (OR AS A CONSEQU D (OR AS A CONSEQU	cator JENCE OF ETY I	3401 of enter the more strains of enter the more strains of enter the more strains of	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722 Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. Card: oue to Coro: b. Due to	io Respir O OR AS A CONSEOU DIATY Arte	cator JENCE OF ETY I	3401 of enter the more strains of enter the more strains of enter the more strains of	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722 Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Card: oue to Coro: b. Due to	io Respin O (OR AS A CONSEQU D (OR AS A CONSEQU	cator JENCE OF ETY I	3401 of enter the more strains of enter the more strains of enter the more strains of	Blade	nsbu	rg R	d., B:	rentw	rood,	MD 20722
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU	Cator JENCE OF JENCE OF	y Arres	31ade ode of dy	nsbu	rg R	d., Bi	Centwo	rood,	MD 20722  Approximate interval Betwoonset and De
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	a. Card: OUE TO CO TO DUE TO C. DUE TO d. One contributing to	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU )	Cator JENCE OF JENCE OF JENCE OF	y Arres	31ade ode of dy	nsbu	rg R	d., Bi	AUTOPSY	rood,	MD 20722  Approximate interval Betw Onset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU )	Cator JENCE OF JENCE OF JENCE OF	y Arres	31ade ode of dy	nsbu	rg R	d., Bi	AUTOPSY	rood,	Approximate interval Betwoonset and De Onset and De
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	a. Card: OUE TO CO TO DUE TO C. DUE TO d. One contributing to	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU )	Cator JENCE OF JENCE OF JENCE OF	y Arres	31ade ode of dy	nsbu	rg R	d., Bi	AUTOPSY	rood,	MD 20722  Approximate interval Betwoonset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions.  Renal	a. Card: DUE TO CO TO DUE TO C. DUE TO d. Failure S	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU )	Cator JENCE OF JENCE OF JENCE OF	3401 ] of enter the mo	31ade ode of dy	nsbu	Part I.	d., Bi	AUTOPSY	rood,	MD 20722  Approximate interval Betwoonset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are condit	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO d. Tailure S  HOSPITAL:	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU )	Cator JENCE OF JENCE OF JENCE OF	3401 ] of enter the mo	g cause of	ensbuing, such	Part I.	d., Bi	AUTOPSY	rood,	MD 20722  Approximate interval Betwoonset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are condi	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO d. Tailure S  HOSPITAL:	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU ) (OR AS A CONSEQU  COR AS A COR AS A CONSEQU  COR AS A COR	Cator JENCE OF JENCE OF JENCE OF	3401 ] ot enter the mo	g cause of	ensbuing, such	Part I.	d., Bi	AUTOPSY NO NO	24b.	Approximate interval Betwoonset and De Onset and De
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are condit	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO  d. DUE TO  TAILURE SET OF (Month, D)  280. DATE OF (Month, D)	io Respir for as a consecutary Arte for as a consecutary Arte for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for as a consecutary for a cons	Cator JENCE OF JENCE	28. Pl OTHER: 4   Nursing Hon OFF   Wr M   1	g cause q	given in	Part I.	24a. WAS AN PERFOI	AUTOPSY NO NO	24b.	MD 20722  Approximate interval Betwoonset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death and investigations. If Yes 2 No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 No.  27. MANNER OF DEATN  1 Natural 5 Pending investigations investigations are suiting in death.	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO d. DUE TO  d. Tailure   HOSPITAL: 1 X Inpatient 2  28e. DATE OF (Month, D)  28e. PLACE O	io Respir (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU ) (OR AS A CONSEQU  COR AS A COR AS A CONSEQU  COR AS A COR	Cator JENCE OF JENCE	28. Pl OTHER: 4   Nursing Hon OFF   Wr M   1	g cause q	given in	Part I.  Part I.  Cock only one 28d. DES	24a. WAS AN PERFOI	AUTOPSY NO NJURY OC	24b.	MD 20722  Approximate interval Betwonset and De Onset and
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent conditions are suiting in death conditions. If yes 2 no no no no no no no no no no no no no	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO d. DUE TO  d. Tailure   HOSPITAL: 1 X Inpatient 2  28e. DATE OF (Month, D)  28e. PLACE O	io Respir (or as a consecu- nary Arte (or as a consecu- (or as a c	Cator JENCE OF JENCE	28. Pl OTHER: 4   Nursing Hon OFF   Wr M   1	g cause q	given in	Part I.  Part I.  Cock only one 28d. DES	24a. WAS AN PERFOI 1 YES 2	AUTOPSY NO NJURY OC	24b.	MD 20722  Approximate interval Betwoonset and De Onset an
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significent conditions are successful to the conditions of the c	a. Card:  DUE TO CO TO 1  B. DUE TO C. DUE TO d. DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  A. DUE TO  A. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO	io Respir (or as a consecu- nary Arte (or as a consecu- (or as a consecu- (or as a consecu- (or as a consecu- edeath but not re- secondary  ER/Outpatient 3  FINJURY  are, (Specify)  my knowledge, death	DOA DOCUMENT OF THE PROPERTY O	28. Pl OTHER: 4   Nursing Hon OF RY M   1	g cause of LACE OF D THE S IN THE STATE OF T	given in	Part I.  Part I.  Part I.  281. LOCAL City of the cause to the cause t	24a. WAS AN PERFOI 1 YES 2  (Specify) CRIBE NOW IN TOWN, State)	AUTOPSY NMED?	24b.	Approximate interval Betwonset and De Onset and De
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significent conditions are successful to the conditions of the c	a. Card: DUE TO CO TO 1  B. DUE TO C. DUE TO d. DUE TO  d. Tailure   HOSPITAL: 1     Inpetient 2   28e. DATE OF (Month, D) 28e. PLACE O building.	io Respir (or as a consecu- nary Arte (or as a consecu- (or as a consecu- (or as a consecu- (or as a consecu- edeath but not re- secondary  ER/Outpatient 3  FINJURY  are, (Specify)  my knowledge, death	DOA DOCUMENT OF THE PROPERTY O	28. Pl OTHER: 4   Nursing Hon OF RY M   1	g cause of LACE OF D THE S IN THE STATE OF T	given in	Part I.  Part I.  Part I.  281. LOCAL City of the cause to the cause t	24a. WAS AN PERFOI 1 YES 2  (Specify) CRIBE NOW IN TOWN, State)	AUTOPSY NMED?	24b.	Approximate interval Betwonset and De Onset and De
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significent conditions are successful to the conditions of the c	a. Card:  DUE TO CO TO 1  b. DUE TO c. DUE TO d. DUE TO d. To the best of NER: On the basis of a:	io Respir (or as a consecu- nary Arte (or as a consecu- (or as a consecu- (or as a consecu- (or as a consecu- edeath but not re- secondary  ER/Outpatient 3  FINJURY  are, (Specify)  my knowledge, death	DOA DOCUMENT OF THE PROPERTY O	28. Pl OTHER: 4   Nursing Hon OF RY M   1	g cause of LACE OF D  LACE OF D  TO THE S   Resident ATT SPRK?  YES 2    To and piece, leath occur	given in	Part I.  Part I.  28d. DES	24a. WAS AN PERFOI 1 YES 2  (Specify) CRIBE NOW IN TOWN, State)	AUTOPSY RMED?  B NO  NJURY OC  and Number  and due to the	24b.	Approximate interval Betwoonset and De Onset and De
IMMEDIATE CAUSE (Finel disease or condition reaulting in daeth)  Sequentially flat conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investigation investigation and investig	a. Card: DUE TO CO TO 1 b. DUE TO c. DUE TO d. One contributing to Failure ( HOSPITAL: 1   Impeliant 2   28e. DATE OF (Month, D) 28e. PLACE O building. SICIAN: To the best of attempts of	io Respir (or as a consequence of the consequence o	PENCE OF JENCE 3401 ] ot enter the months and the second se	g cause of the state of the sta	given in  EATN (Che  sidence	Part I.  Part I.  28d. DES  28f. LOCITY of to the cause time, data	24a. WAS AN PERFOI 1 YES 2  (Specify) CRIBE NOW IN TOWN, State)	AUTOPSY RMED?  E INO  NJURY OC  and Number  and due to the	24b.	Approximate interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	

DIRECT

FUNERAL

BY

COMPLETED

2

once.

둉

notified

pe

must

permit

dea	2	_2	exa
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-curs after dea	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
55	d n	5	5
3	9	0.	8
N	N F	tion	the
Ithiu	etel	еша	m,
A D	du	6	eve eve
Surfe	50	unia	2
exe	Se	8	ша
2	clar	10	130
cate	Shirt	e Di	er t
artifu Briting	90	gien	5
E C	endi	Ŧ	6
deal	att	вща	ř
the	the	∑ P	를
hat	5	an	3
es	gne	alth	60
quir	is u	í Hé	¥ 0
W re	ě	M. 0	200
6	has	ě	123
Ē	ate	tate	tem
IAN	tific	S	-
Sic	93	4	d,
된	this	×	rie e
NG	fter	eath	E
ON.	R: A	er d	.00
F	6	aft	28
OR	DIRE	OUL	Tem
AL	AL	72 h	=
SPIT	VER	hin	Ë
皇	5	Will	M

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

2

29b. SIGNATURE AND TITLE OF CERTIFIER

F

William

WILLIAM

31. DATE FILED (ASEP) DOLL

IMPORTANT: II

記書書

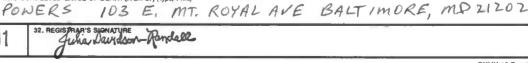
223

2119 26894 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. OATE OF DEATH MONTH DAY CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR BROWN Robert Owen Brown 2115 7. DATE OF BIRTH (Month, Day, Year 08, 24, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MARYLAND HOURS MIN. 25 1 M 2 | F None 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CROSS HOSPITAL SILVER SPRING MONTGOMERY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ACCOKEEK MD Prince Georges 1X YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2009 20607 CATHERINE U.S 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) Collega (1-4 or 5+) INFANT 0 NOne 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Paul Darius Brown Jeanette Littleton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul D. Brown (father) 2009 Catherine-Fran Drive, Accokeek, Maryland 20607 20s. METHOD OF DISPOSITION
1 Burial 2000 Cremetion 3 Removal from State
4 Donation 5 Differ (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Suburban Crematory Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home Card Donon 3831 Georgia Avenue, N.W.; Wash.D.C. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Dasth IMMEDIATE CAUSE (Fine) disease or condition . EXTREME IMMATURITY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 22-24 WEEK GESTATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29a. CERTIFIER
(Chack only Chack only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and menner as stated.

0502458

GROSS, PE17683

08/24/91

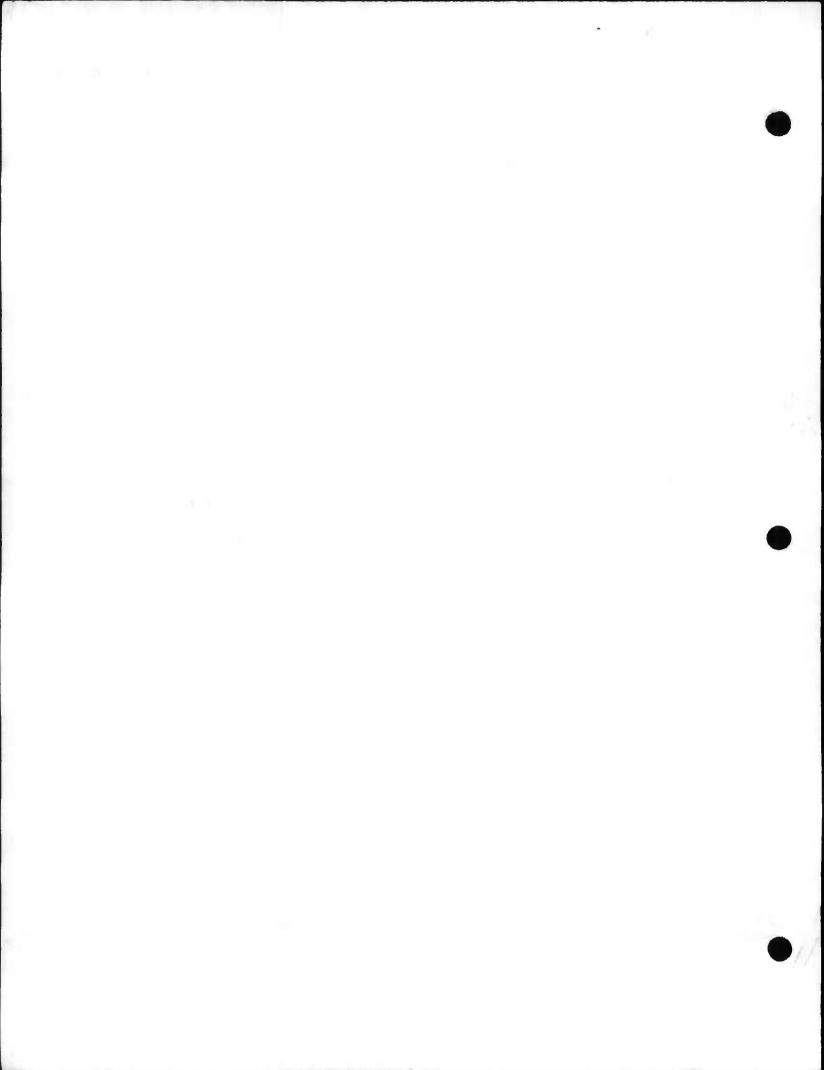


owels

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

▶ 8/24



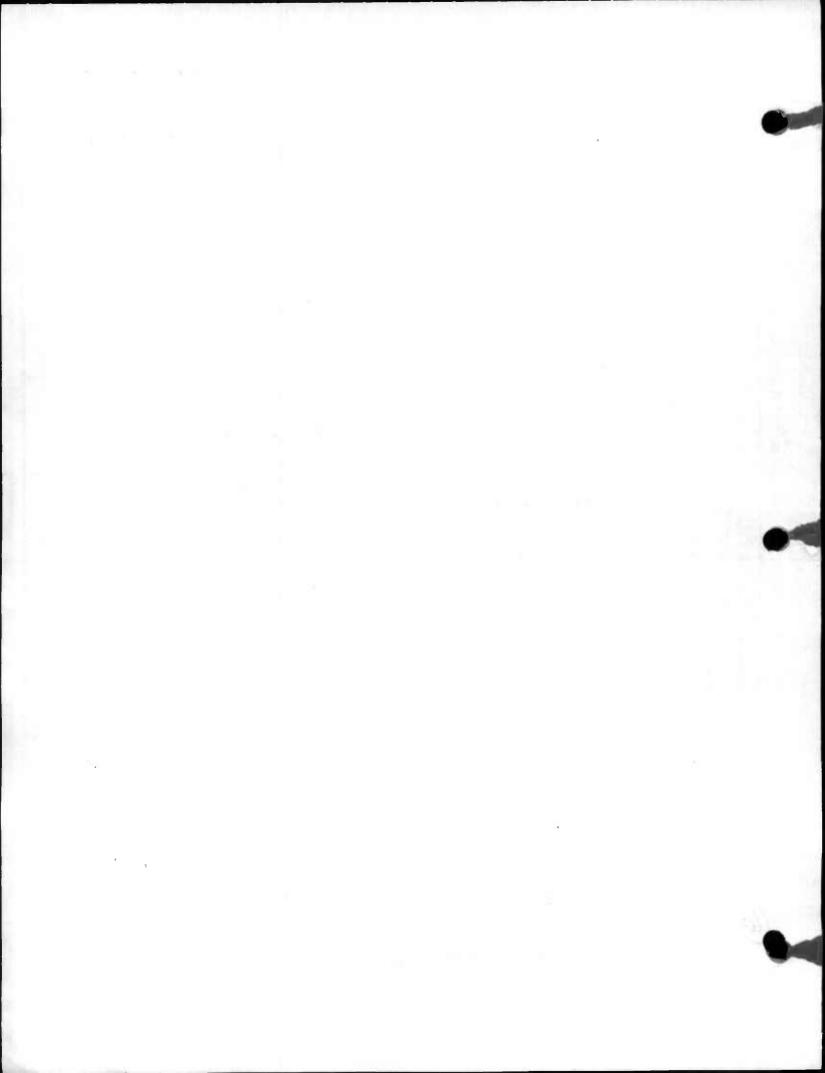
REG. NO

BOX 68760, P.O. RECORDS. DIVISION OF VITAL

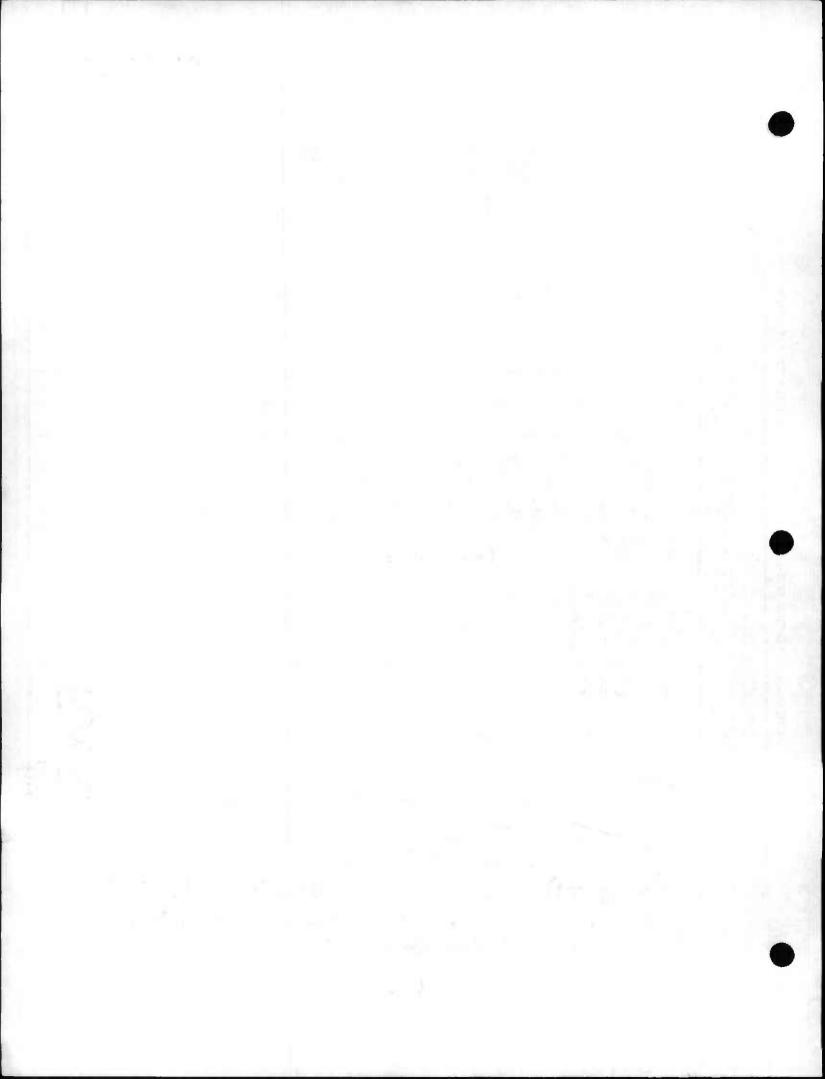
I. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Darrie B. BULLOCK September 10 991 7:08 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 09/28/64 1 X M 2 | F 213-76-6084 26 Washington, DC Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1, 2, 3 m Doctors Community Hospital DIRECTOR Lanham Prince George RESIDENCE OF DECEDENT Pages 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 XYES 2 NO Maryland Prince George's Landover permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 7003 East Forest Road 20785 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-**MARYLAND 21215-0020** 14. RACE — American Indian, Black, White, atc. If yes, specify Cyban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specific Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sne Elementary/Secondary (0-12) College (1-4 or 5+) detached 12th. Office Assistant Private once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) 2 at Winsor Bullock Evelyn BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Evelyn Bullock 7003 E. Forest Road, Landover, Maryland 20785 BALTIMORE, g 20a. METNOO OF DISPOSITION

1 Surial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Harmony Memorial Park 9/16 Landover, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE J. B. Jenkins Funeral Home 7474 Landover Rd., Landover, MD. 20785 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failule. List only one cause on each line. filled in by Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) nding physician and completely Hygiene prior to burial, crematic DUE TO (OR AS A CONSEQUENCE OF) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat evivi neumonia event, OUE TO (OR AS ALCONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING V CAUSE (Disease or Injury other DUE TO (OR AS A that initiated events resulting in death) LAST CONSEQUENCE OF 10 neumonia 1 tomagalori rus PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AMILABLE PRIOR TO any openia COMPLETION OF CAUSE 1 | YES 2 100 shows a OF DEATH? Avacinia 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL r this certificate ha 26. PLACE OF OEATN (Check only one) item **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Nome 5 | Realdence 8 | Other (Specify) 1 YES 2 NO 1 Unpatient 2 - ER/Outpatient 3 - DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT WORK? marked, 28b. TIME OF 26d. DESCRIBE NOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 28 item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 王분을 BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 2 adlam 62 0 2 2 3 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Annapolis Load danham MI) suite -SEP 17 91 32. REGISTRAR'S SIGNATURE Davidson-Randale



REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	Eliza A11	CERT	37			2. DATE	OF DEATN	).	T	3. TIME OF DEATH
E. Albert		erta bell.	У			MONT	H E	SAY	YEAR	12:01) A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd	lay) IF UNDER	R 1 YEAR IF	UNDER 24 HRS.	7. DATE	OF BIRTN		8. BIRTH	PLACE (State or Foreign
579-48-8167	1 🗆 M 2 💢 F	88 YR	S. MONTHS	DAYS HOL	JRS MIN.	11/2	22/02	1	Country LaP1	ata, Md.
9e. FACILITY NAME (If not institution, give	etreet end number)		9b. CITY	Y, TOWN OR LO	CATION OF D			9c. COUN		
Washington Adven	tist Hosp	ital	Tak	koma Pa	ırk			Monte	zome	rv
RESIDENCE OF DECEDENT										
None Non				OR LOCATION						10d. INSIDE CITY LIMITS?
	е	l Wa	asning	gton, I						1 X YES 2 NO
2214 Taylor Stre	ot N F			101. ZIP						HAT COUNTRY?
11. MARITAL STATUS		EVER IN U.S.ARMED	Lin		018	NO ODION	m m	U.S.		
Never Married 2 Merried	FORCES? 1	YES 2 TNO		If yes, specify	Cuben, Mexica	nn, Puerto !		s or No-	Black	— American Indien, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	- 1	1   YES 2	NO Specif	fy:			Speci	White
15. OECEDENT'S ED	UCATION	16s. DECEDEN	T'S USUAL O	OCCUPATION		16b	. KIND OF BU	JSINESS/INDL	JSTRY	
(Specify only highest gra-	College (1-4 or 5 +	life Do NO	f of work done OT use retired.)	during most of	working					
12th Grade	None		ction	Chief			Nat	ional	Geo	graphic
17. FATHER'S NAME (First, Middle, Last)				t8.	MOTNER'S NA	AME (First,				Society
Edward T. Berry					Effie	Eliz	a Mur	ray		
19e. INFORMANT'S NAME (Type/Print)				SS (Street and N						
Rae J. Morrissey		850	05 Woo	dside	Court,	Lan	ham, l	Maryla	ind	20706
204 METHOD OF DISCOUNTION 1 2 Burlal 2 Grandwin 3 Re	mount from State	of cometary, crema	DATE OF DISP	POSITION (Nar	ne	DAT	E 20c. L	OCATION — C	Ity or To	wn, State
- N/1.1	Acedes /	.0	) 22. F	rancis	Gasch	is S	ons F	uneral	Ног	me, P.A.
23. PART I. Enter the discesses, or shock, or heart failure	Y/5ur complications that	ceused the deeth. It se on each line.	$\int \frac{F}{4}$	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2078
23. PART i. Enter the discesses, on whock, or heart failure iMMEDIATE CAUSE (Finsi discesse or condition resulting in death)	r complications that b. List only one caus	ceused the deeth. I	F 4	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2073
iMMEDIATE CAUSE (Finsi disease or condition resulting in desth)  Sequentially list conditions,	r complications thete. List only one causes.	ceused the deeth. I se on each line.	Do not ente	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2078
immEDIATE CAUSE (Finsi disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	r complications thete. List only one causes.	ceused the deeth. I se on each line.	Do not ente	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2073
immediate cause (Finsi disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	sDUE TO	ceused the deeth. I se on each line.	Do not ente	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2073
immEDIATE CAUSE (Finsi disease or condition resulting in desth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	sDUE TO	coused the deeth. I se on each ilne.  COM AS A CONSEQUENCE  (OR AS A CONSEQUENCE)	Do not ente	rancis 739 Ba	Gasch 1timor	n's S e Av	e. Hya	attsvi	11e	Md. 2073
shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	coused the deeth. It see on each ilne.  (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba	Gasch 1timor	n's S re Av	e. Hya	attsv <u>i</u> piratory arre	lle.	Approximate interval Betwonset and D
shock, or heart failure iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s	coused the deeth. It see on each ilne.  (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba	Gasch 1timor	n's S re Av	e. Hyddiec or reep	attsví piratory srre  N AUTOPSY PRMED?	lle.	Approximate Interval Betw Onset and D
shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	coused the deeth. It see on each ilne.  (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba	Gasch 1timor	n's S re Av	e. Hyddiec or reep diec or reep 24a. WAS A PERFC	attsví piratory srre  N AUTOPSY PRMED?	lle.	Approximate Interval Betwoonset and Double Interval Betwoonset and Double Interval Betwoonset and Double Interval Betwoonset Interval Betwoonset Interval Betwoonset Interval Betwoonset Interval Betwoonset Interval Betwo
shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condi	s	coused the deeth. It see on each ilne.  (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba or the mode of	Gasch 1timor	n's S re Av ch as cerr	e. Hyadiec or reej	attsví piratory srre  N AUTOPSY PRMED?	lle.	Approximate Interval Betwoonset and Dr. I was a series of the construction of the computation of cause of Death?
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth)  PART II. Other significent conditions or injury that initiated events resulting in deeth) LAST	b	coused the deeth. It see on each ilne.  (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba or the mode of	Gasch 1 timor of dying, suc	n's S re Av ch ss cern	e. Hyadiec or reep  24a. WAS A PERFC  1  YES	attsví piratory srre  N AUTOPSY PRMED?	lle.	Approximate Interval Betwoonset and Dr. I was a series of the construction of the computation of cause of Death?
shock, or heart failure iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	DO not enter  DE OF):  DE OF):  DA OTHE  DA 4 Nu  TIME OF	rancis 739 Ba r the mode of	Gasch 1 timor of dying, such use given in	n's S re Av	e. Hyddiec or reej  24a. WAS A PERFC  1  YES	attsví piratory srre  N AUTOPSY PRMED?	24b	Approximate Interval Betwoonset and Dr. I was a series of the construction of the computation of cause of Death?
shock, or heart failure iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death in the condition of	s	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter	rancis 739 Ba r the mode of	Gasch 1 timor of dying, such use given in Of DEATN (C	n's S re Av	e. Hyddiec or reej  24a. WAS A PERFC  1  YES	attsví piratory srre  N AUTOPSY PRMED?  2 □ NO	24b	Approximate Interval Betwoonset and De Conset and De
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in deeth LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 MO  27. MANNER OF DEATH	b. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28e. DATE OF  (Month, D.  28e. PLACE O	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rancis 739 Ba or the mode of the mode of the mode of the mode of the mode of 28. PLACE ER: uning Nome 5 28. INJURY WORK? 1 □ YES	Gasch 1 timor of dying, such use given in Of DEATN (C	n's S TE AV The second of the	e. Hyddiec or reep  24a. WAS A PERFC 1 YES	Attsvi piratory srre  N AUTOPSY PRMED? 2   NO	24b	Approximate interval Betw Onset and D.  WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
shock, or heart failure immediate cause or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the cause in the cause of the cause in the cau	B. DUE TO	coused the deeth. It see on each line.  COM MO ON (OR AS A CONSEQUENCE)  (OR AS A CONSEQUENCE)	DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  4 DO not enter  5 DO not enter	rancis 739 Ba r the mode of r	Gasch 1 timor Itimor rt i.  heck only or  28d. DE	e. Hy: diec or reej  24a. WAS A PERFC  1  YES  re)  re (Specify)  scribe NOW  CATION (Street or Town, State	ALTSVI piratory srre  N AUTOPSY PRMED? 2  NO INJURY OCC  and Number  anner as state	24b	Approximate interval Betw Onset and Dr	
shock, or heart failure immediate cause or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the cause in the cause of the cause in the cau	B. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28e. DATE OF  (Month, De  28e. PLACE OF  building,  (SICIAN: To the best of or	coused the deeth. It see on each line.  (OR AS A CONSEQUENCE  (OR	DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  4 DO not enter  5 DO not enter	rancis 739 Ba r the mode of r the mode of r the mode of r the mode of 28. PLACE ER: uraling Nome 5 28. INJURY VES ctory, office	Gasch 1 timor Itimor ck only o	e. Hy: diec or reej  24a. WAS A PERFC  1  YES  re)  re (Specify)  scribe NOW  CATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OCC c and Number e)	24b	Approximate interval Betw Onset and Dr	
shock, or heart failure immediate cause or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the cause of the	B. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28e. DATE OF  (Month, De  28e. PLACE OF  building,  (SICIAN: To the best of one)	coused the deeth. It see on each line.  (OR AS A CONSEQUENCE  (OR	DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  2 DO not enter  3 DO not enter  4 DO not enter  4 DO not enter  5 DO not enter	rancis 739 Ba r the mode of r the mode of r the mode of r the mode of 28. PLACE ER: uraling Nome 5 28. INJURY VES ctory, office	Gasch 1 timor of dying, suc of DEATN (Cascher) Residence AT 2 NO	heck only o	e. Hy: diec or reej  24a. WAS A PERFC  1  YES  re)  re (Specify)  scribe NOW  CATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OCC c and Number e)	24b	Approximate Interval Betw Onset and De I



6897
TIME OF DEATH
:28 P
ngton, D. C
eorges
INSIDE CITY LIMITS? YES 2 NO
T COUNTRY?
American Indian, thita, etc.
AOR
olare)
ryland
Approximate interval Between Onset and Dest
RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
<u> </u>
Number,
ROAD IARYLAND
d menner as stated.
oth, Day, Year)
1991
21201
Mod

THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Thomas P.
31. DATE FILED (Month, Day,
SEP 16

1. OECEDENT'S NAME (First, Middle, Last) Bertha	М.	Blakel	v		2. DATE OF DEATH September	*13,19	3. TIME OF DEATH
	S. SEX 6. AGE (In )		INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)
102 10 7074	1 □ M 2 🖁 F   66				12/13/24		ew York, N.Y
96. FACILITY NAME (If not institution, give stree Southern Maryland	ALCOHOL:		Clint	OR LOCATION OF DI	EATH		ce George's
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TO	WN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
Maryland   Charles	s Co.	Bryans	s Road				1 YES 2 NO
10e. STREET AND NUMBER			100	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
308 Amherst Rd.				20616		USA	
11. MARITAL STATUS 1 Never Married 2 Wharried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	I.S. ARMED 2 X 100 ES	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:		4. RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S EDUCAT		6a. DECEDENT'S USU	AL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDU	STRY
(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	oone during mo red.)	est of working			
12th		Housewij	fe		at	home	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	1101110	
John Brandt				Otil	ge Behn		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a		Route Number, City or Tox	m, State, Zip C	ode)
Macarthur M. Blake	elv		as it				220
		PLACE AND DATE OF			DATE 20c, LO	CATION — CI	ty or Town, State
20a. METHOD OF DISPOSITION  1 Buriel 2/C/Acremation 3 Remove  4 Donation 5 9ther (Specify)	al from State	metary, crematory or of ropolitar	her place)	otomu O	.1		
21. SIGNATURE OF FUNERAL SERVICE LICEN		TOPOTICAL	1 Grem	alorv 9	/ 14/911 AI	evandi	CT 0 1/0
and the state of t						CAGIIGI	ria. Va.
March.	Kalas		Georg	ge P. Ka	las Funera	1 Home	
23 PART I. Enter the diseases, or ope	Kalas—mplications that caused to	he death. Do not e	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	., Md. 20745
śńock, or heert fellure. Lie iMMEDIATE CAUSE (Finei disease or condition	Kalas—mplications that caused to	he death. Do not e h line.	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	., Md. 20745
shock, or heert fellure. Lie iMMEDIATE CAUSE (Finei	Kalas—mplications that caused to	he death. Do not eth line.	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
dhock, or heert fellure. List iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	mplications that caused to st only one cause on eec	he death. Do not e h line.  Sia Sy n.  ONSEQUENCE OF:	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
dhock, or heert fellure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death) a	mplications that caused to st only one cause on eec	he death. Do not eth line.  She sy monsequence of:  The successions are successions and successions are successions and successions are successions.	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	mplications that caused to st only one cause on each DUE TO (OR AS A C	the death. Do not en hime.	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	mplications that caused to st only one cause on each DUE TO (OR AS A C	SIS Symponseouence of:	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury	mplications that caused to st only one cause on each DUE TO (OR AS A C	SIS Symponseouence of:	Georg 6160	ge P. Kai Oxon Hi	las Funera 11 Rd. Oxo	1 Home n Hill	Md . 20745
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	ACCO	1 Homen Hill	Md. 20745 st, Approximate Interval Between Onset and D
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	ACCC  Part I. 24a. WAS AI PERFO	1 Home n Hill iratory street	Md . 20745  at, Approximate interval Bety Onset and D  12 W  Lycs  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	ACCO	1 Home n Hill iratory street	Md . 20745  at, Approximate interval Betwood Street and D  12 h  Luce  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	ACCC  Part I. 24a. WAS AI PERFO	1 Home n Hill iratory street	Md. 20745  Approximate interval Bety Onset and E 12 luce  Lyce  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	ACCC  Part I. 24a. WAS AI PERFO	1 Home n Hill iratory street	Md. 20745  at, Approximate interval Between Consets and Discourse and Di
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the caus	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	ND ADDRESS OF FAGE P. Kal	NACCO  Part I. 24a. WAS APPERFO	1 Home n Hill iratory street	Md . 20745  at, Approximate interval Between Conset and D  Luce  Luce  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the condi	DUE TO (OR AS A C	onsequence of:  onsequence of:  onsequence of:  onsequence of:  not resulting in the	22. NAME AI GEORG 6160 onter the mo	or ADDRESS OF FACE P. Ka. Oxon Hi. Ode of dying, such	ACCC  Part I. 24a. WAS APPERFO 1 Process only one)	1 Home n Hill iratory street	Md . 20745  at, Approximate interval Between Conset and D  Luce  Luce  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the condi	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  CONTributing to death but  LOSPITAL:  Dispitant 2 = ER/Outpett  28e. DATE OF INJURY	ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:  ONSEQUENCE OF:	22. NAME AI GEORG 6160 onter the mo	ge P. Ka. Oxon Hi. ode of dying, such	NACCO  Part I. 24a. WAS APPERFO	1 Homen Hill Hardory stress	Approximate Interval Betwood Onset and D 12 luce 12 luce 12 luce 12 luce 14 luce 14 luce 14 luce 14 luce 15 luce 15 luce 15 luce 16 luce 16 luce 16 luce 16 luce 16 luce 17 luce 17 luce 17 luce 18 lu
shock, or heert feilure. Lie immediate Cause (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C	onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	DADDRESS OF FACE P. Ka. OX ON Hi. Ode of dying, such	ACCU  1 Part I. 24a. WAS APPERPO 1 Part I. 24a. WAS APPERPO 1 YES  heck only one)  8 0 Other (Specify)	1 Homen Hill Hardory stress	Approximate Interval Betwood Onset and D 12 luce 12 luce 12 luce 12 luce 14 luce 14 luce 14 luce 14 luce 15 luce 15 luce 15 luce 16 luce 16 luce 16 luce 16 luce 16 luce 17 luce 17 luce 17 luce 18 lu
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the caus	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  CONTributing to death but  LOSPITAL:  Dispitant 2 = ER/Outpett  28e. DATE OF INJURY	onsequence of:  onsequence of:	22. NAME AI GEORG 6160 onter the mo	g cause given in  LACE OF DEATH (CI	ACCU  1 Part I. 24a. WAS APPERPO 1 Part I. 24a. WAS APPERPO 1 YES  heck only one)  8 0 Other (Specify)	A AUTOPSY RMEO?	Approximate interval Betwood Consets and Dark Consets and
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the caus	DUE TO (OR AS A C  DUE TO (OR AS	onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  and resulting in the	22. NAME AI GEORG 6160 onter the mo	DADDRESS OF FAGE P. Ka.  OXON Hi  ode of dying, such g cause given in  LACE OF DEATH (CI.  The 5   Rasidence JURY AT  YES 2   NO	ACCC  1 Part i. 24a. Was An Perfo 1   Yes  1 Coher (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	1 Homen Hill Hartory stress NAUTOPSY RMEO? XX NO	Approximate Interval Betwood Onset and D 12 Mg 1
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the caus	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  AS C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  AS C  DUE TO (OR AS A C  DUE TO (OR	onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  and resulting in the  lent 3 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA DO	22. NAME AI GEORG 6160 onter the mo	g cause given in  Lace of Death (cr	ACCC  1 Part I. 24a. Was An PERFO 1 Per I   YES  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State 6 to the cause(s) and me	A AUTOPSY RMEO?  XX NO  INJURY OCCU and Number of	Approximate Interval Bety Onset and D 12 luce
shock, or heert feilure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiality list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions of the cond	DUE TO (OR AS A C  DUE TO (OR AS	onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  and resulting in the  lent 3 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA DO	22. NAME AI GEORG 6160 onter the mo	g cause given in  Lace of Death (cr	ACCC  1 Part I. 24a. Was An PERFO 1 Per I   YES  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State 6 to the cause(s) and me	A AUTOPSY RMEO?  XX NO  INJURY OCCU and Number of	Approximate Interval Betwood Onset and D 12 Mg 1
# Accident Significant conditions of the Standings of the	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  AS C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  AS C  DUE TO (OR AS A C  DUE TO (OR	onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  onsequence of:  and resulting in the  lent 3 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA DO	22. NAME AI GEORG 6160 onter the mo	g cause given in  Lace of Death (cr	ACCUT  1 Rd. Oxo:  1 Rd. Oxo:  1 Part I. 24a. WAS APPERPO 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  1 to the cause(s) and made time, data and piace, a	A AUTOPSY RMED?  AND NO PROPERTY OCCURRENCE OF THE PROPERTY OCCURRENCE OF T	24b. WERE AUTOPSY FINANILABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF CATHER TO FOR THE PRIOR TO FOR

Washington Rd. Ft. Washington, Md. 20744

CAUSE OF DEATH (ITEM 27) (Type, Print)

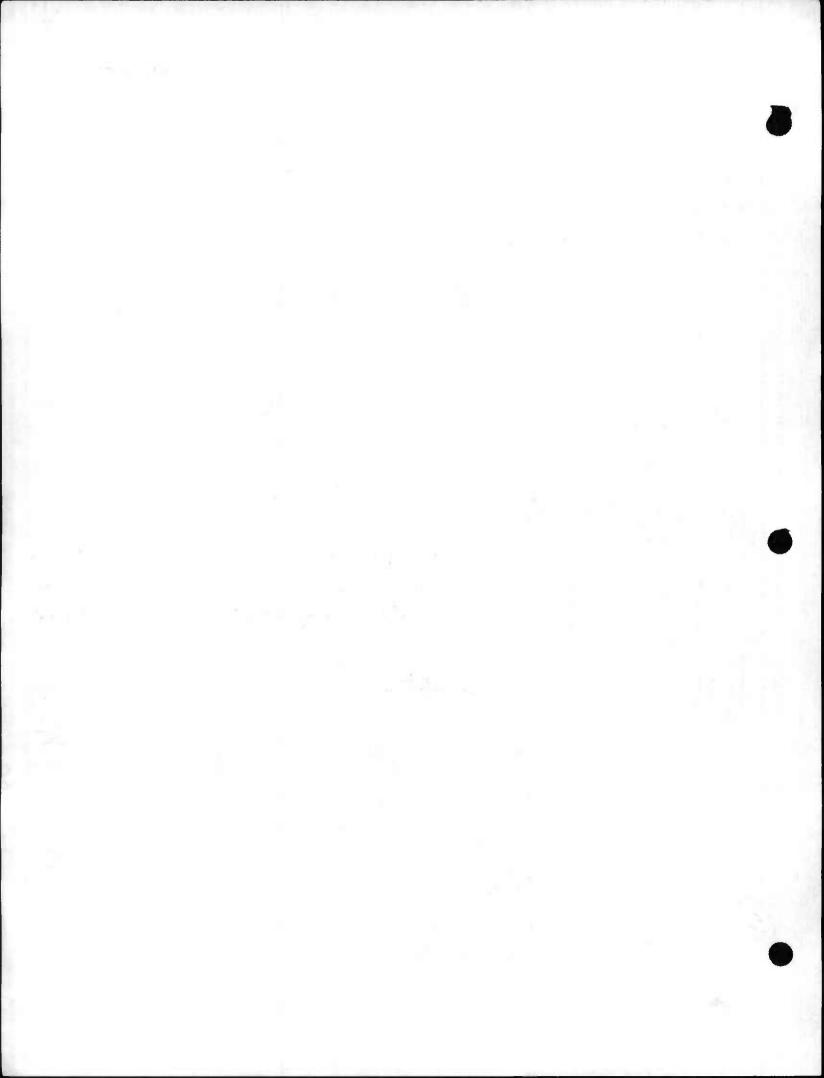
10906 Ft.

32. REGISTRAR'S SIGNATURE
Sulia Savidson-Rondale

M.D.

Gage.

\*9



	1 - STATE REGISTRAR		YLAND / DEPARTMENT CERTIFICATI	T OF HEALTH AND E OF DEATH		GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Las	5 E. 1	BLOXOM 3	50.	2. DATE OF D	DAY	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		DE (In yrs. lest birthday) IF UNDER	1 YEAR IF UNDER 24 HRS	7. DATE OF BI	DTH	991   G 19  B. BIRTHPLACE (State or Form
1	217-42-5323	1 1 M 2 🗆 F	46 YRS. MONTHS	DAYS HOURS MIN.	(Month, Dev.	Year)	Country) Md,
7	90. FACILITY NAME (If not institution, give			TOWN OR LOCATION OF			TY OF DEATH
2	PENINSULA PESIDENCE OF DECEDENT	GENERAL HOSP	ITAL	SALISBURY			WICOMICO
DIREC	10e. STATE 10b. COUN		10c. CITY, TOWN	OR LOCATION .	1		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	SOMETSE!		ristikl	4		1 X YES 2 N
ERAL	135,19	st		101. ZIP CODE	77	10g. CITIZ	EN OF WHAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		WAS DECENDENT OF HISP	ANIC ORIGIN? (Spe	ecify Yee or No.—	4. RACE — American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		Il yes, specify Cubsn, Mex 1  YES 2 NO Spe		elc.)	Black, White, atc.  Specify: Plack
	15. DECEDENT'S ED (Specify only highest gra	DUCATION de complement	184. DECEDENT'S USUAL OF	CCUPATION	16b. KIND	OF BUSINESS/INDU	STRY
LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done life. Do NOT use rikired.)	Buring most of working	Ī	Danner +	-1
COMPL	17. FATHER'S NAME (First, Middle, Last)		L HOOM			OMESII	-
w	DAMES E. BI	oxom Sr.		Blan	AME (First, Middle,	//2//s	a 11
0 B	19a, INFORMANT'S NAME (Type/Print)	1 0	19b. MAILING ADDRESS	(Street and Number or Run	al Route Number, Cit	y or Town, State, Zip C	Code)
	200. METHOD OF DISPOSITION	oxom Sr.	Pil.Box 13	33 WESLOW		.21871	, <u> </u>
	1 Buriel 2 Cremetion 3 Re 4 Donalion 5 Other (Specify)		tob. PLACE AND DATE OF DISPOS remetery, symatory or other places	. 6	9/mb	20c LOCATION - CI	ly or Town, State
	21. SIGNATURE OF EMPERAL SERVICE I	JCENSEE .		NAME AND ADDRESS OF	FACILITY	O COLINDA	1/14.
	Halley	· Mari	18.	3 Homode	, AUX,	Princes	5 Anniz
RTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in daath) LAST	c	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	arction			
MEDICAL CE	PART II. Other algnificant condition	ons contributing to death	but not resulting in the un	derlying cause given i	1	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
4.4							1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lozus	28. PLACE OF DEATH (C	heck only one)		
IS ∤	1 YES 2 NO	1 Gripetient 2 ER/Ou		Ing Home 5 - Residence			
ву РНУ	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED
	3 Suicide 8 Could not be	28e PLACE OF IN ILLE	RY — At home, ferm, street, facto		281, LOCATION	Street and Number or	Rural Route Number,
ETE	4 Homicide determined				City or Town		
COMPL	299. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of my kno	wledge, death occurred at the til ion end/or investigation, in my of	me, date end place, end du	e to the cause(s) e	nd menner es atated	
	29b. SIGNATURE AND TITLE OF CERTIFIE		on endor investigation, in my of				
BE	Kodney (	a. We mi	d. M.D	DISSENSE NO	84 84	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)	7		100	N. 11 11 11
	31. DATE FILED (Month, Day, Year)	1. WENRIC		WER ST.	SALI	SBURY	Md. 2180
10		32. REGISTRAR'S SIG					

Supplie on boah

HOSPITAL OR ATTENDING PHYSICIAN: The law DIVISION OF VITAL

STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BRICE VICTOR 0250 a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 01-17-1926 1 M 2 | F 65 202-18-5856 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO PENINSULA GENERAL HOSPTIAL Pages 1, 2, RESIDENCE OF DECEDENT DIRECT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Somerset Crisfield 1 - YES 2 NO permit 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt. 2 - Box 63 (Hopewell) 21817 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yee, specify Cuban, Maxicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married BY 1 YES 2 NO Specify: Specify: White 3 Widowed 4 Divorced W. W. II USMC ETED 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp. Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL Lineman & Troubleshooter H. S. Graduate Delmarva Power 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 7 Unknown Elizabeth Sheller BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Nelson Brice Same as 10 a,b,c,d,e,f be 20a. METHOD OF DISPOSITION 09-20-91
1X Burlal 2 Cremation 3 Pamoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Peter' Church Cemetery 9/20/91 Crisfield, MD medical examiner 21. SIGNATURE QIF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home Madskaw in by the f 306 W. Main St. - Crisfield, MD 21817 23. PART I. Enter the diseases, or complications that caused the eath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine. Approximata Interval Between 0 IMMEDIATE CAUSE (Final Cardiac arrest **Onset and Death** and completely fille burial, cremation, the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Pulmura, Chronic obstanctive traumatic CERTIFICATION Sequantially list conditions, the attending physician at Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Chronic alcoholisi CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST (Puc's a. Fib) Cardiac 6 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL Health and N 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by a e Dept. of Health and m 23 shows any In AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES THO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate his with the State Carked, or Item Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TES 2 NO 1) Inpatient 2 = ER/Outpatient 3 = DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH marked, 28c, INJURY AT WORK? 28b, TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending death v BY 1 YES 2 NO Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) S 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: hours after of 4 Homicide 28 Hem 29a. CERTIFIER
(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 300 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 물물물 031546 mature 2 2 3 17 q 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) . △ P. G. H. Medical Cent. - Salisbury,MD i Nato. m 0 32. REGISTAR'S SIGNATURE
GIMA DENIGON PANDARA OHMH-16 Rev 1/89

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO			
1. OECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	av .	YEAR	3. TIME OF DEATH
Louise	н.	Bask	in		0.9	_		991	11:37
SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		6. BIRTH	PLACE (State or Foreig
69-16-2702	1 □ M 2 🂢 F	70 YRS.	DAYS	HOURS MIN.	8X	TXXXX 8	14/2	Countr	"PA
. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF	_		9c. COUN	TY OF D	
21 River	Road		Elkto				0-		
ESIDENCE OF DECEDENT			EIKLO	Π			I Ce	cil	
n. STATE 10b. COUNT	Υ	10c. CITY, 1	TOWN OR LOCA	TION					10d. INSIDE CITY
MD	Cecil	E	lkton						LIMITS?
e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
121 River Rd.				2.	1921			US	
MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA			or No.		— American Indian,
Never Married 2 Married	FORCES? 1 Y	ES 2 NO	if yea, sp	ecify Cuban, Mexic	en, Puerte	Rican, etc.)	07 NO.	Black	, White, etc.
Wildowed 4 Olvorced	II TES, GIVE WAR OF	DATES	1 YES	S 2 X NO Spec	ify-			Speci	White
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	UAL OCCUPATI	ON	14	Bb. KIND OF BU	SIMESS /IMPI	ICTOV	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work	k done during me	ost of working	1.0	DE KIND OF BO	JINE 33/11101	Joint	
12	Conege (1-4 or 5+)	Secre	tery			00	11000	_	
FATNER'S NAME (First, Middle, Last)		Doore	Jar y	10 MARKETIN	AME (S		llege	=	
John Hi	nkle			18. MOTNER'S N					
. INFORMANT'S NAME (Type/Print)	IIKIE					mma Ge			
				and Number or Rural					
ary Baskin		6	05 Ly	nn Shor	es	Dr.,	Va. I	Beac	ch, VA
METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem		20b. PLACE AND DATE OF E		ame of	DA	TE 20c. LO	CATION — C	Ity or To	wn, State
Donation 5 Other (Specify)		Arlingt	on Ce	meterv	9/2	4/91	Dre	v 0 1	Hill.
SIGNATURE OF EUNERAL SERVICE U	GHBEE /		22. NAME A	E Mai	ACILITY	Gee	Func	ra 1	Ното.
> Feline	Mr.P.		Z59	E. Mai	n S	t. 1921	Lune	:Lal	. Home
PART i. Enter the disesses, or shock, or heart feliure.	complications that ceus	sed the desth. Do not	enter the mo	ds of dying, su	ch ss ce	rdisc or respi	ratory srre	est,	Approximate
shock, or heart feilure.  AMEDIATE CAUSE (Finel	List only one ceuse or	each iins.					,		interval Between
sease or condition									Onset and De
sulting in death)	S. Arteri	ocler tic	Car	diovaso	ula	r Dis	ease		
		- · · · · · · · · · · · · · · · · · · ·							i
equentielly ilst conditions,	b DUE TO (OR A	S A CONSEQUENCE OF):							1
any, leading to immediate use. Enter UNDERLYING		on condedence or j.							i
AUSE (Disesse or Injury at initiated events	C. DUE TO (OR A	S A CONSEQUENCE OF:					-		
suiting in desth) LAST		o it donocooding or j.							
	d								
RT ii. Other significent condition	s contributing to desti	but not resulting in t	he underlyin	g ceuse given in	Part i.	24a. WAS AN	ALITOPSY	24b	WERE AUTOPSY FINGIN
						PERFOR	MED?	2 12.	AVAILABLE PRIOR TO COMPLETION OF CAUS
						1 TYES 2			OF GEATH?
						Inq	uiry		1 🗌 YES 2 🔀 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATN (C	heck only o	one)			
1 YES 2 NO	1 Inputient 2 ER/O	utpatient 3 DOA 4	THER:  Nursing Nom	e 5 ARasidence	8 🗆 Oth	er (Specify)			
MANNER OF OEATN	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O		URY AT	28d. DE	SCRIBE NOW I	JURY OCCI	URED	
Natural 5 Pending Investigation		, mount		YES 2 NO					
Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, ferm, stree	et, factory, offic	•	281. LO	CATION (Street a	nd Number o	or Rural A	oute Number
Nomicide datarmined	building, etc. (S	респу)			City	or Town, State)			
CERTIFIER . CERTIFYING PLYCE									
(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death occurred a	t the time, date	and pleca, and due	to the ca	ruse(s) end men	ner ea atate	d.	
2 [AMEDICAL EXAMINE	R: On the beals of axamina	tion and/or investigation, is	n my opinion, d	eath occured at the	fime, dat	a and place, and	due to the	cause(s)	and manner as stated
SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
Monard #41	Wacht M.	D.				1	<b>.</b>		
MAME AND ADORESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type Pris	nt)	O.C.M	Е		00	1 2	<u> 1991</u>
Onald G. Wright Filed (Month, Day, Year)	Tht MD DCM	(E 111 Per	on Sti	reet. B	alt	imore	Mary	lar	d 21201
SFP 2 3 '01	32 REGISTRAR'S SH	on-Mandall							

30. NAME AND ADDRESS OF Sile Kien

31. DATE FILED (Month, Pay Year) SEP 2 4

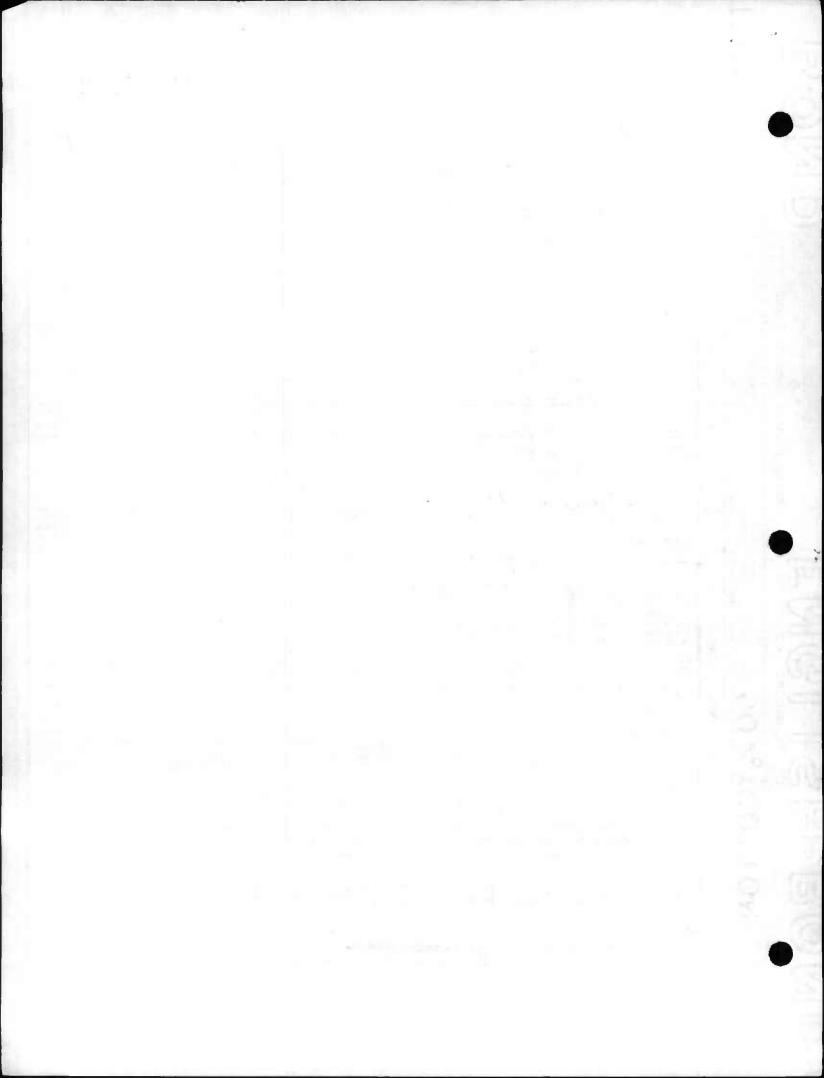
'9

	1. DECEDENT'S NAME F	rst, Middle, Lest) NNA	Beels	S				2. DATE MONT	of DEATH	AY - 91	YEAR 3.1	O D
	4. SOCIAL SECURITY NU 216-05-695		5. SEX	6. AGE (In yrs. ia	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE 1 (Mont	of BIRTH 1. 200. Year 15-04	1	BIRTHPLA Country) Mary	CE (State or Foreign
	9s. FACILITY NAME (If no	institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEATH	1
OR	Baltimore		General	Hospita	1	Randa	allstown			Ba]	Ltimo	re
DIRECTOR	RESIDENCE OF DI	10b. COUNT	Υ		10c, CIT	Y, TOWN OR LOC	ATION				100	. INSIDE CITY
SIR	Maryland	Bal	timore			Randalls					15	LIMITS?
-00	10e. STREET AND NUMBE	R				T	101. ZIP CODE			10g. CITIZE		COUNTRY?
ERAL	Meridian	nursin	g Home				21133	3		U.	S.A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 ( 3 N Widowed 4 D		FORCES?	NT EVER IN U.S. AI 1  YES 2 X WAR OR DATES	RMED NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Spec	can, Puerto	N? (Specify Yes Rican, etc.)	s or No- 1	Black, WI	American Indian, hite, atc. Vhite
ED		ECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OCCUPAT	TION most of working	160	b. KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary	1	College (1-4 or 5	i +)	e. Do NOT u	se retired.)			D==1=/~	261 0		
MP	12			Ma	nagei	& Buye			Book/G		core	
_	17. FATHER'S NAME (First,	Middle, Last)	itman				16. MOTHER'S		Middle, Meiden Hager	Sumeme)		
BE	19e. INFORMANT'S NAME		LCIRAII	110	Db. MAILING	ADDRESS (Stree	t and Number or Rura			un State Zin (	Corde)	
2	Mr. Kennet		kinger				Drive Wes					
	20s. METHOD OF DISPOSITION  1\(\infty\) Buriel 2 \(\subseteq\) Cremetion 3 \(\subseteq\) Removel from State  4 \(\subseteq\) Donation 6 \(\subseteq\) Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completely cremetary or other place)  4 \(\subseteq\) Donation 6 \(\subseteq\) Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completely cremetary or other place)  9/26 Woodlawn, MD								State			
CERTIFICATION	23. PART i. Enter the ahock, or immediate CAUSE (disease or condition resulting in death)  Sequentially list comif any, leeding to immiceuse. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.	ditions, nediate LYING njury	a. DUE T	iuse on each iin	en.  Constitution of the contract of the contr	A. A.	cute					Approximat Interval Bet Onset and I
MEDICAL	PART II. Other algolf Mult	icant condition	na contributing t	o death but not	resulting	in the underly	ing ceuse given	in Part i.	24a. WAS AF PERFO 1 YES	RMED?	CO OF	RE AUTOPSY FINE MAPLETION OF CAI DEATH?  YES 2 NO
2	25. WAS CASE REFERRED EXAMINER?  1 YES 2 XNO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	PLACE OF DEATH (					
VSICI/	27. MANNER OF DEATH	Pending	28e. DATE ( (Month,	Day, Year)	28b. TIN	JURY	INJURY AT WORK?		EŞCRIBE HOW	INJURY OCC	JRED	
BY PHYSICIAN:	2 Accident	Investigation	284 DI 805	OF IN HIPY		street fratum	Mon			and Montes	a Busel Ba .	Alumbar
	2 Accident 3 Suicide 4 Homicide	Could not be determined	buildin	OF INJURY — At h			iffics and place, and d	Chi	y or Town, State			Number,

Bultimore

32. REGISTRAR'S SIGNATURE
Julia Davidson

County



			OLIT	TIFICATE	OI DEATH	REG. NO	J.	
	1. OECEDENT'S NAME (First, Middle, Last	1		R-	1	2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX	Ne	DROW	N	Sept. 1	15 19	91 5:15
		1	AGE (in yrs. last birtl	MONTHS D	EAR IF UNDER 24 HRS. MYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
	220-22-4395 9a. FACILITY NAME (If not institution, give	1 □ M 2 XX	64	AS.			926	MARYLAND
CTOR	HARFORD M	emorial	Hospita	1111	VRE DE	G Vace	9c. COUNTY	Y OF OEATH
u I	10a, STATE 10b, COUN		104	c. CITY, TOWN OR I	LOCATION		1 /10	10d. INSIDE CITY
HI	MARYLAND (	CECIL		CONOW	INGO			LIMITS?
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	671 RAGAN ROAD	12. WAS DECEDENT E			21918			USA
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES TONO	If ye	S DECENDENT OF HISP.  18. specify Cuban, Mexic  YES X NO Spec		a or No— 14	I. RACE — American Indien, Bleck, White, etc. Specify: WHITE
COMPLETED	15. OECEDENT'S ED (Specify only highest grad	OUCATION de completed)	16a. DECEDE (Give kir	ENT'S USUAL OCCU nd of work done durin VOT use retired.)	IPATION na most of working	I6b. KIND OF BU	ISINESS/INDUS	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)						
NO.	UNKNOWN  17. FATNER'S NAME (First, Middle, Last)		I HO	USEWIF			HOME	
ш	WALTER FISHER					IAME (First, Middle, Maiden LVA BIRD	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MA	JUNG ADDRESS (SI		I Route Number, City or Tox	vn, State, Zip Co	ode)
ř	JAMES F. BROWN	N	67	1 RAGAI	N ROAD,	CONOWINGO	, MD	21918
	20a. METNOD OF OISPOSITION  IX Burlal 2 Cremation 3 Rec	moval Irom State	20b. PLACE AND D	ATE OF DISPOSITIO	N /Name of	DATE 20c 10	CATION - CIT	or Town State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE	WEST	NOTTING	GHAM CEM	9-20-91	COLOR	A, MD
	611.	00	00	R.	T. FOAR	D FUNERAL	HOME	
	23. PART   Enter the diseases, pr	d. Ju	roque		RISING	SUN, MARY	LAND	
	reaulting in death)	DUE TO (OR	AS A CONSEQUEN	0	10 11			
RTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE	CE OF):		EART	12100	
V: MEDICAL CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CONSEQUENCE	CE OF): CE OF):		n Part I. 24a, WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDH
. MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  SEVERE PER 12.5. WAS CASE REFERRED TO MEDICAL EXAMINER?	cDUE TO (OR	AS A CONSEQUENCE	CE OF):  CE OF):  CE OF):  CE OF):  ATC.  A	lying cause given in	n Part I. 24a, WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDH AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
TSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  Source of the condition of th	DUE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  DIE TO (OR  DIE TO (OR  DIE TO (OR  DIE TO (OR  DIE TO (OR	ath but npt result	CE OF):  CE	ilying cause given in  NS AS C  Replace DF DEATN (C)  Nome 5 - Realdence	Part i. 24a, WAS AN PERFOI I YES 2	AUTOPSY MMED? NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
PHTSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR  d.  PAPERAL  HOSPITAL:	ath but not result  VOI CA  VOutpettant 3 DO	CE OF):  CE	Ilying cause given in	Part i. 24a, WAS AN PERFOI I YES 2	AUTOPSY MMED? NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  SEVERE PE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR  d.  PAPER CONTRIBUTING to dea  PAPER CONTRIBUTION  Inpatient 2 ER  200. DATE OF INJ.  (Month, Day, Y.  200. PLACE OF IN.)	ath but not result  VACCAC  VOutpetlant 3 Do  URY 28b.	CE OF):  CE	iving cause given in  S A S C  Replace DF DEATN (C)  Nome 5   Realdence  INJURY AT  WORK?  YES 2   NO	heck only one)  24a, WAS AN PERFOI  I YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE NOW I	AUTOPSY AMED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDH AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR  d.  PIP(INTERAL: INTERPLEMENT 2 ER  200. DATE OF INJ.  (Month, Day, Y	ath but not result  VACCAC  VOutpetlant 3 Do  URY 28b.	CE OF):  CE	iving cause given in  S A S C  Replace DF DEATN (C)  Nome 5   Realdence  INJURY AT  WORK?  YES 2   NO	Part i. 24a, WAS AN PERFOI I YES 2	AUTOPSY AMED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO
ELED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  Substitution of the part of	DUE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  DI	ath but npt result  VACCAC  VOutpettant 3 Do  UNY 28b  JURY Al home, le  (Specify)	CE OF):  CE	PLACE DF DEATN (C Nome 5   Realdence : INJURY AT WORK?   YES 2   NO	heck only one)  6 Other (Specify)  28d. DE\$CRIBE NOW I	AUTOPSY RMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDH AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	If erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	DUE TO (OR  d.  DIA CONTRIBUTING TO dead  PIPITAL:  Inpatient 2 En  Inpatient 2 Input Of INJ  (Month, Day, Y  28e. PLACE OF IN  building, etc.	ath but npt result  VOX CM  VOutpetlant 3 DO  URY 28b  JURY Al home, la  (Specify)	CE OF):  CE	Itying cause given in AS AS & C.  Re PLACE DF DEATN (C.  Nome 5   Realdence  INJURY AT WORK?  YES 2   NO  office  deta and place, and du	heck only one)  6 Other (Specify)  28d. DE\$CRIBE NOW I  City or Yown, Stete)  a to the cause(a) and mar	AUTOPSY RMED? NO  NJURY OCCUR and Number or I	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	DUE TO (OR  d.  DIA CONTRIBUTION TO GRAND  PIPITAL:  Impetient 2 ER  20a. DATE OF INJ.  (Month, Day, Y  building, etc.  SICIAN: To the best of my  ER: On the basis of axami	ath but npt result  VOX CM  VOutpetlant 3 DO  URY 28b  JURY Al home, la  (Specify)	CE OF):  CE	Itying cause given in AS AS & C.  Re PLACE DF DEATN (C.  Nome 5   Realdence  INJURY AT WORK?  YES 2   NO  office  deta and place, and du	heck only one)  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE NOW I  City or Town, Stree)  a to the cause(a) and mare a lime, data and placa, an	AUTOPSY RMED? NO NJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  DI	ath but npt result  Which Concentrate the content of the content o	CE OF):  CE	PLACE DF DEATN (C Nome 5   Realdence NORK? YES 2   NO office  deta and place, and du on, death occurred at the	heck only one)  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE NOW I  City or Town, Stree)  a to the cause(a) and mare a lime, data and placa, an	AUTOPSY RMED? NO NJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATIN?  1 YES 2 NO  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  d.  DIE TO (OR  DI	ath but npt result  Which Concentrate the content of the content o	CE OF):  CE	ea PLACE DF DEATN (C Nome 5 Realdence NORK? YES 2 NO office  deta and place, and du on, death occured at the	heck only one)  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE NOW I  City or Town, Stree)  a to the cause(a) and mare a lime, data and placa, an	AUTOPSY RMED? NO NJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATIN?  1 YES 2 NO  Rural Route Number,

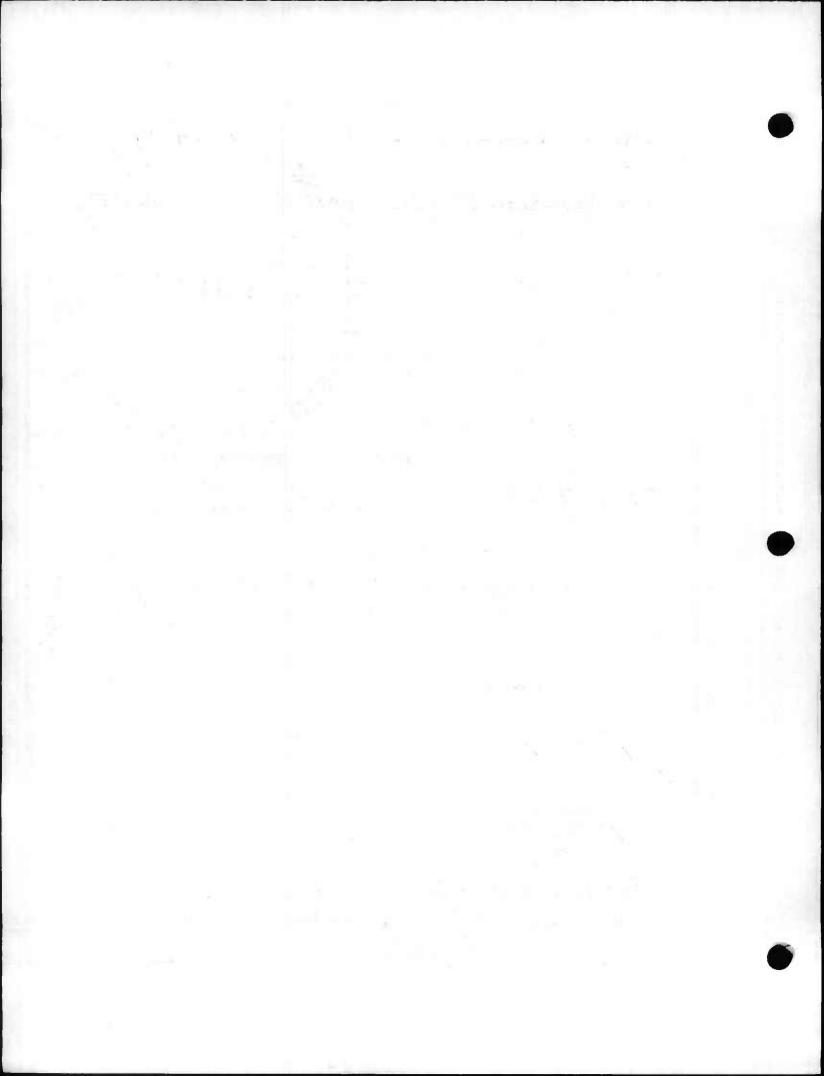
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

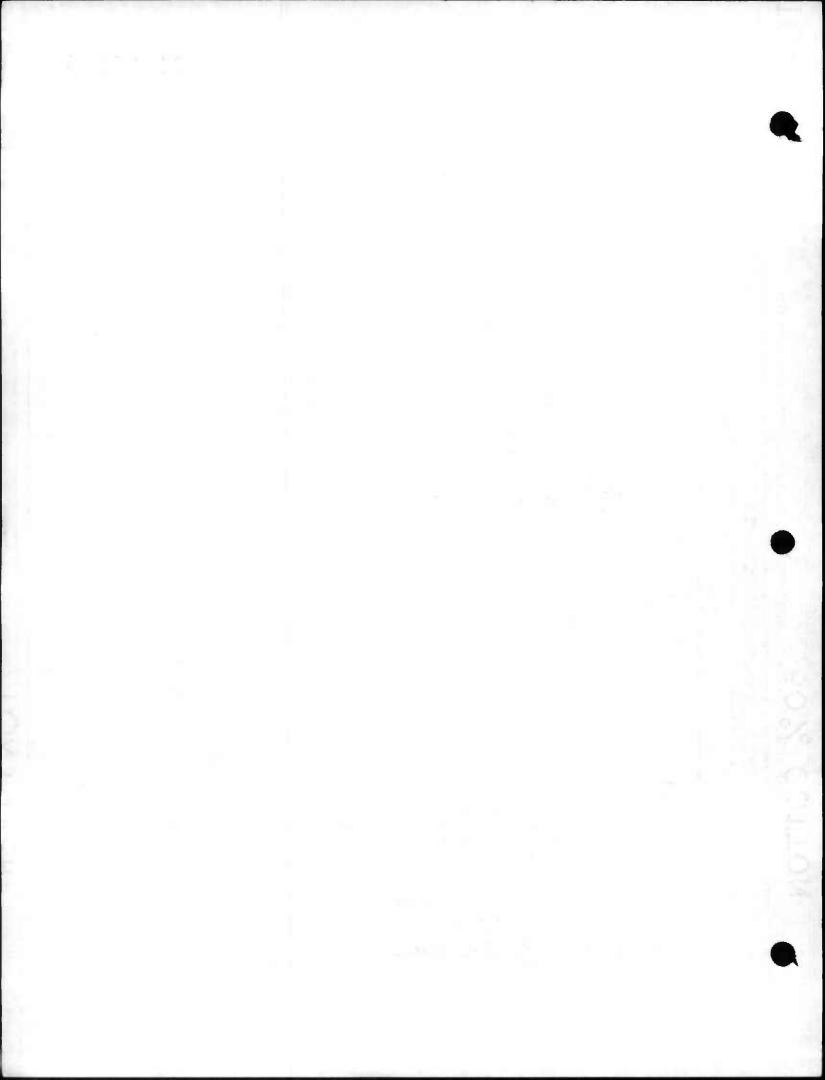
DHMH-18 Rev 1/89

50		7
60		
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s		and an in- on about any failure or other traumatic arent the madical areminer must be not
9		110
100		E
è		2
2		ş
5		200
e h	-	à
5	8	-
5	E	S.
5	-	3
B	0	-
=	ò	4
e)	mal	
음	9	6
E	, ·	3
9	E.	4
an M	Ā	8
5	T	2
Sici	5	1
È	40	-
0	S	44
÷	목	9
ten	Ta	•
20	E	3
5	Σ	1
6	B	
2	4	-
6	99	9
S	Ĭ	-
9	6	4
S	100	2
2	0	ì
ate	tate	1
ific	S	1
Ties.	th	-
S	=	7
-	3	4

1 - STATE REGISTRAR		STATE OF MAI				DEATH AND N	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
MART	IN	BILDS	TEI	VI	JK.			6 91	
4. SOCIAL SECURITY NUM		5. SEX 6.	AGE (in yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	IRTHPLACE (State or Foreign
213-01-83	31	1 🔀 M 2 🗆 F	74	YRS.	NTHS DAYS	HOURS MIN.	8/25/17		ryland
9e. FACILITY NAME (If not	institution, give st	treet and number)	. 1		L CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O	
EASTON RESIDENCE OF DE	MEM	ORIAL	Hosp	IAL	E	ASTON		TAL	BOT
Maryland	Ca	roline			own on Loca Prest				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Rt. 2, B		9			10	7. ZIP COOE 21655		U.S.	A .
11. MARITAL STATUS 1 Nover Married 2 2 3 Widowed 4 On		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X		if yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 XXIO Specify			RACE — American Indian, Black, White, etc. Specify: White
	CEDENT'S EDU		16a, DE	CEDENT'S US	UAL OCCUPAT	ON	16b, KIND OF BU	JSINESS/INOUSTF	₹Y
(Specify of Elementary/Secondary	nly highest grade (0-12)	Completed) College (1-4 or 5+)			done during m		Carpen	trv &	Poultry
7th	(0.2)		Car	rpent	er &	Poultry Poultry	our pen	CI J G	routery
17. FATHER'S NAME (First,	Middle, Last)						ME (First, Middle, Melder	n Sumame)	ALTILL
Martin	Bilds	tein				Lillia	n Frampt	Om Ril	Chance
19a. INFORMANT'S NAME			190	b. MAILING AD	DRESS (Street		Soute Number, City or To		
Mrs. Flo	rence	Bildste	in I	Rt. 2	. Box	159. P	reston,	MD 216	5.5
20a, METHOD OF DISPOS						metery, crematory or		DCATION - City	
1 Donation 5 Oth	ion 3 🗆 Rem	oval from State	other pl	ece)			metery P		
21. SIGNATURE OF FUNE		CENSEE	1	0 0.11	-	IND ADDRESS OF FA		1 0 3 0 0 11	, 110
> Mul		. Esken	_			•	wkins-Es ederalsb		neral Homo
IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list concil sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	litions, rediate YING	b. Kyps	R AS A CONSE	QUENCE OF):	tic	cardie	pelmo	y fail nary synd	rome of
PART II. Other signifi	cant condition	ns contributing to de	eath but not	resulting in	the underlyl	ng cause given in		DRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					PLACE OF OEATH (C)	neck only one)		
1 YES 2 NO		HOSPITAL:	R/Outpatient :		OTHER:	me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH		28a. DATE OF IN (Month, Day,		28b. TIME		JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	Pending Investigation	(Mona, Day,	rout)	III-30		YES 2 NO			
2 Accident 3 Suicide 8 (	Could not be determined	28e. PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm, str	eet, factory, of	lce	281. LOCATION (Stree City or Town, Sta	et and Number or F	tural Route Number,
(Check only — —		ER: On the basic of exa							suse(s) end manner es stated
29b. SIGNATURE AND TIT	LE OF CERTIFIE	ER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
Robert	T".\W.	never.	M.D	,		D109	38	1-9-	17-91
	A 40 1	1 000							
30. NAME AND ADDRESS	OF PERSON W		OF DEATH (ITT	EM 27) (Type, F		atan	MA. 2	1001	
30. NAME AND ADDRESS 7 6 9 6 31. DATE FILED (MORR), D	8-		unter	EM 27) (Type, F		aton	Md.2	1601	



1. DECEDENT'S NAME (First, Middle, Last)	)	CERTIF			2. DATE OF DEA	TN	3. Ti	ME OF DEATN
					MONTH () 9	DAY	/EAR	:10 pm
Ethel B. Brown		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRT	Н 0	BIRTHPLACE	E (State or Foreign
219-70-8015	1 □ M 2 🕏 F	93 YRS.	MONTHS DAYS	HOURS MIN.	03 01	180	Country)	
9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF OE			Y OF DEATH	and
Company Norman								County
Caroline Nurs RESIDENCE OF DECEDENT 108. STATE 106. COUN	ing Home		IDenton	Maryla	nd	Larc	rine	County
10a. STATE 10b. COUN		10c. CI	TY, TOWN OR LOCA				10d.	INSIDE CITY LIMITS?
	Caroline			Dent	on			YES 2 NO
100. STREET AND NUMBER	D4 2 De	3003	10	M. ZIP COOE 2162	^		N OF WHAT	COUNTRY?
100. STREET AND NUMBER  MD Route 404  11. MARITAL STATUS	Rt. 3 Bo					U.S		
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica	n, Puerto Rican, a		Black, Whi	merican Indian, le, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	OATES	1 TYE	S 2 NO Specify	:		Specify:	sian
15. OECEOENT'S ED		16a. DECEDENT'S	S USUAL OCCUPATI	ION	16b. KIND (	F BUSINESS/INDUS		STAIL
(Specify only highest grad	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m use retired.)	ost of working				
8 vrs.	None	Home	emaker			Home		
Elementary/Secondary (0-12)  8 VYS  17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	falden Sumame)		
	Culver			Berth	a Elle	n Tower	S	
19a INFORMANT'S NAME (Type/Print)		19b. MAILIN	Q ADDRESS (Street	and Number or Rural F	Route Number, City	or Town, State, Zip C	iode)	
Jane B. States	S	30:	3 South	Second	St.,	Denton,	MD :	21629
26a. METHOD OF OISPOSITION 1 ◯ Burlel 2 □ Cremetion 3 □ Rei		20b. PLACE AND DAT			DATE 2	0c, LOCATION — CH	ty or Town, S	tate
4 Donation 5 Other (Specify)		Denton (	Cemeter	Y	9/25	Denton,	Mar	yland
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE / /			e Funer		0 D 1		
>/ewore/14	and to	74 . 8		er B, D				1620
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEQUENCE	OF):					
resulting in death) LAST	d							
	ons contributing to deati	but not reaulting	in the underlyle	ng cause given in		AS AN AUTOPSY		E AUTOPSY FINDING
PART II. Other aignificant condition						ERFORMED?	COM	LABLE PRIOR TO PLETION OF CAUSE LEATH?
MED								YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO			28. 1	PLACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 C Other (Speci	fy)		
27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea		NJURY W	JURY AT YORK? YES 2 NO	28d. DEŞCRIBE	NOW INJURY OCCU	RED	
				Ine	28f. LOCATION	Street and Number of	r Rural Route	Number,
2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJI	JRY — At home, farm Specify)	, sareet, nactory, on		City or Town	, State)		
2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJU	nowledge, death occu	rred at the time, da	ta and place, and due	to the cause(s) a	nd manner as state		manner sa stated
2   Accident Investigation 3   Suicide 8   Could not b determined 4   Homicide   Gentifying PNY one) 2   MEDICAL EXAMI	28e. PLACE OF INJU- building, etc. (S /SICIAN: To the best of my kr NER: On the basis of examina	nowledge, death occu	rred at the time, da	ta and place, and due	to the cause(s) a	nd manner as stated	SIGNED (Mon	
2   Accident Investigation 3   Suicide 8   Could not b 4   Homicide 8   Certifying PN (Check only one) 2   MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	28e. PLACE OF INJU- building, etc. (S (SICIAN: To the best of my kr NER: On the basis of examina	ipecify) nowledge, death occu	rred at the time, de tion, in my opinion,	te and place, and due death occured at the	to the cause(s) a	nd manner as stated	csuse(s) and	
2   Accident   Investigation 3   Suicide   8   Could not be determined 4   Homicide   CERTIFYING PNY One)   2   MEDICAL EXAM!	28e. PLACE OF INJU- building, etc. (S (SICIAN: To the best of my kr NER: On the basis of examina	ipecify) nowledge, death occu	rred at the time, de tion, in my opinion,	te and place, and due death occured at the	to the cause(s) a time, data and pi	nd manner as stated	SIGNED (Mon	
2   Accident Investigation 3   Suicide 8   Could not b 4   Homicide 8   Certifying PN (Check only one) 2   MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	28e. PLACE OF INJU- building, stc. (S (SICIAN: To the best of my kr NER: On the basis of axamini IER  WHO COMPLETED CAUSE OF  32. REGISTRAR'S S	pocify) nowledge, death occu ation and/or investigat  DEATH (ITEM 27) (Typ.	rred at the time, day tion, in my opinion,	te and place, and due death occured at the	to the cause(s) a time, data and pi	nd manner as stated aca, and due to the 29d. DATE	SIGNED (Mon	



OHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be rettained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 7 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

disease or condition - mys cardis in farction missing in desth)  Due to (or as a conscourace or):  Anteniosclerotic Cardiovascular Disease year	S 3 p m Foreign  TY NO
577-52-7784  18M 2 F 5 YRS.  MONTHS DAYS HOURS MAN.  MONTHS DAYS HOURS H	NO 7
RESIDENCE OF DECEDENT  100. STATE  101. COUNTY  MD  PRINCE COURGES  102. STATE  103. STATE  104. COUNTY  MINISTRUS  TO RIVERDALE  105. STATUS  106. STATUS  107. STATUS  108. OCCEDENT EVER IN U.S. ARMSO  IF VES, GIVE WAR OR DATES  109. CITIZEN OF WHAT COUNTRY  United States  104. Married  105. CITIZEN OF WHAT COUNTRY  United States  105. CITIZEN OF WHAT COUNTRY  United States  106. CITIZEN OF WHAT COUNTRY  United States  107. SPATIAL STATUS  108. OCCEDENT EVER IN U.S. ARMSO  IF VES, GIVE WAR OR DATES  109. SPATIAL STATUS  109. CITIZEN OF WHAT COUNTRY  United States  109. CITIZEN OF WHAT COUNTRY  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  109. Specify  10	NO P
100. STREET AND NUMBER  5700 RIVERDALE  101. ZIP CODE  102. STREET AND NUMBER  5700 RIVERDALE  102. STREET AND NUMBER  5700 RIVERDALE  103. ZIP CODE  105. CITIZEN OF WHAT COUNTRY  United States  11. MASI DECEMBENT CONGUNT (Specify) Yes or No- FORCES? 1   Yes 2   NO Specify: Tyes 2	NO P
### STORE RIVERALE ROAD  11. MARITAL STATUS    12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO   If YES, GIVE WAR OF DATES   YES, GIVE	dlan,
Note   Note	
(Specify only highest grade completed)  Elementary/Secondary (9-12) 12th 8 yrs.  Priest  Roman Catholic Church  18. MOTHER'S NAME (First, Middle, Last)  John Cunico  19a. INFORMANT'S NAME (Type/Print)  Robert J. Cunico  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  11d-Burlal 2 Cremation 3 Removal from State  1 Donation Church  20c. PLACE of PISPOSITION (Name of cemetery, crematory or other place)  Gate of Heaven Cemetery 09-19-91 Silver Spring, Months of Pusposition (Name of Specify)  23. PART I. Enter the diseases, or complications that caused the death. Do nifet enter the mode of dying, such as cardiac or respiratory arrest, interval diseases or condition resulting in death)  Due to (or as a consequence of):  Anti-Enjoscier oth (Candio Vascular Disease)  Anti-Enjoscier oth (Candio Vascular Disease)	
17. FATHER'S NAME (First, Middle, Last)  John Cunico  Margaret Boccaccio  19a. INFORMANT'S NAME (Type/Frint)  Robert J. Cunico  194. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  14897 E. Wesley Avenue, Aurora, Colorado 80014  20a. METHOD OF OISPOSITION 112-Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  Gate of Heaven Cemetery, cremetory or other (Specify)  Gate of Heaven Cemetery 09-19-91 Silver Spring, Months of Specify and Spring of	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  Robert J. Cunico  14897 E. Wesley Avenue, Aurora, Colorado 80014  20a, METHOD OF DISPOSITION 14897 E. Wesley Avenue, Aurora, Colorado 80014  20a, METHOD OF DISPOSITION 14897 E. Wesley Avenue, Aurora, Colorado 80014  20a, METHOD OF DISPOSITION (Name of cometery, cremetory or other place)  Gate of Heaven Cemetery 09-19-91 Silver Spring, Months of the place of the state of Heaven Cemetery 09-19-91 Silver Spring, Months of the place of the state of the place of the state of the place of the state of the place of the state of the place of the state of the place of the state of the place of the state of the place of the state of the place of the pla	
20c. LOCATION — City or Town, State  20c. LOCATI	
23. PART I. Enter the diseased, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Myocurded in Farction  DUE TO (OR AS A CONSEQUENCE OF):  AnTenoscientic Cardiovascular Disease  Year	
interval    MMEDIATE CAUSE (Final disease or condition resulting in desth)   Myo curdic (in farction)	
DUE TO (OR AS A CONSEQUENCE OF):  If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    Diabetis Millitor   1 yes 2   10   1 yes 2   10   1 yes 2   10   1   10   10   10   10   10   1	F CAUSE
28. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatiant 2 EX/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
27. MANNER OF DEATH    Destruct   Control   Co	
3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
29a. CERTIFIER (Check only one)  20d MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Ye)  29d. DATE SIGNED (Month, Day, Ye)  29d. DATE SIGNED (Month, Day, Ye)	
Denlember 1 Completed Cause of Death (ITEM 27) (Type, Print)  10. NAME AND ADDRESS DESERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  PAN A. DE VORE, MD 40B QUELLY BUY Rd HYATTSVILLE MD 20.  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  SEP 17 91  Suita Savidson-Randelle	nr)

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the part of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 though the filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF MA					DEAT		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, A	Middle, Last)	Emily Per	kins Ca		ck	~			2. DATE OF OEATH	DAY 4	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE 578-28-9364	ER	5. SEX 6	8. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 05/30/16		Country	PLACE (State or Foreign
9	90. FACILITY NAME (If not Inst Leland Memor	titution, give str rial H	TX.	13		9b. CITY	y, town q LVerc	a Locatio			ec. cou		eorge's
DIRECTOR	RESIDENCE OF DECE	EDENT 10b. COUNTY			40. 017	T TOWN							
OIRE	Maryland		e George	S		iver	or LOCAT	ION					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	10e. STREET AND NUMBER	2 2 2 110	000280	U				ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
FUNERAL	4509 Queenst	bury R	load					20	737		1	U.S.A	. •
ВУ	11. MARITAL STATUS  1 Never Merried 2 A  3 Widowed 4 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS	YES 2 N	MEO IO		If yes, spi		, Mexican	IC ORIGIN? (Specify , Puerto Ricen, etc.)	Yes or No	14. RACE Bleck Speck	- American Indien, , White, etc. /y: White
COMPLETED	15. DECE (Specify only Elementary/Secondery (0-1 12th Grade		Cation completed) College (1-4 or 5+)	(Gh	CEDENT'S tve kind of a Do NOT us	work done ise retired.)	during mos	st of working	g	Genera Admin	al Se	rvice	S
BE COM	17. FATNER'S NAME (First, Mid Louis L. Per									ME (First, Middle, Meid e L. Far			
TO B	William R. (		k (Spouse							oute Number, City or 1			and 20737
	20e. METNOD OF DISPOSITION 1 A Burlet 2 Cremeton 4 Donetion 5 Other (3	ON n 3/1 Remo		20b. PLACE Cother pla	OF DISPO	SITION (N	leme of cen	nelery crem	atory or	20c.	LOCATION -	- City or To	
	21. SHINATURE OF FUNERAL		DIO.	ham		22 F i	name an	D ADDRES	s of fac	s Sons F	unera	1 Hom	
	23. PART i. Enter the dis about, or her IMMEDIATE CAUSE (Fina	ert fallure, l ai	List only one cause	e on each line.	).							rrest,	Approximate Interval Between Onset and Death
	disesse Dr condition reaulting in death)	<b>+</b>	Cand	iac a	hn	hy	The	116					minutes
z			DUE TO CO ArTer	TOUCHEL	ohe	C	4010	165	cula	- Dite	20 40		years
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	liate	DUE TO (C	OR AS A CONSEQ	DUENCE O	F):							
FIC	CAUSE (Disease or injury that initiated events	ny 5 °	DUE TO (C	OR AS A CONSEC	DUENCE O	IF):							
ERT	resulting in deeth) LAST		d										
CALC	PART II. Other aignifican				esuiting	In the u	nderlying	g ceuse g	iven in l	Part I. 24s. WAS	AN AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
EDIC	Congestive	4						ron		1 1	2 D'NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ			re, cl	heghe	0	45 1	tru	chi	UP	_			1 TES 2 NO
AN	25. WAS CASE REFERRED TO		P				26. PL	ACE OF DE	FATN (Che	ack only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4   Nu	R:			6 Other (Specify)			
PHY	27. MANNER OF DEATN  1.25-Neturel 5 P	Pending	28a. DATE OF IN (Month, Day)		26b. TIM	ME OF JURY	28c. INJ WO	URY AT		28d. DESCRIBE NO	W INJURY O	CCURED	
BY	2 Accident In	nvestigation	28e, PLACE OF	INJURY At hor	me, ferm.	M street for		YES 2	NO	261. LOCATION (Stre	et and Numb	er or Rural F	Inute Murcher
TED		Could not be satermined	building, et	tc. (Specify)			,,			City or Town, St	nte)	or of There's	conte storroot,
COMPLETE	onel		CIAN: To the best of m										) end manner ee stated.
BE	29b. SIGNATURE AND TITLE (	of CERTIFIER	enem	7					NSE NUM				(Month, Day, Year)
TO	PAULA DI	PERSON WHO	EMD 4	OF DEATH (ITEM	27) (Type	Print)	164	z K	21	Hyatt	11:00	e M	020131
	31. DATE FILED MONTH, DOV. N	91	32. REGISTRAR		Pande	02							

3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

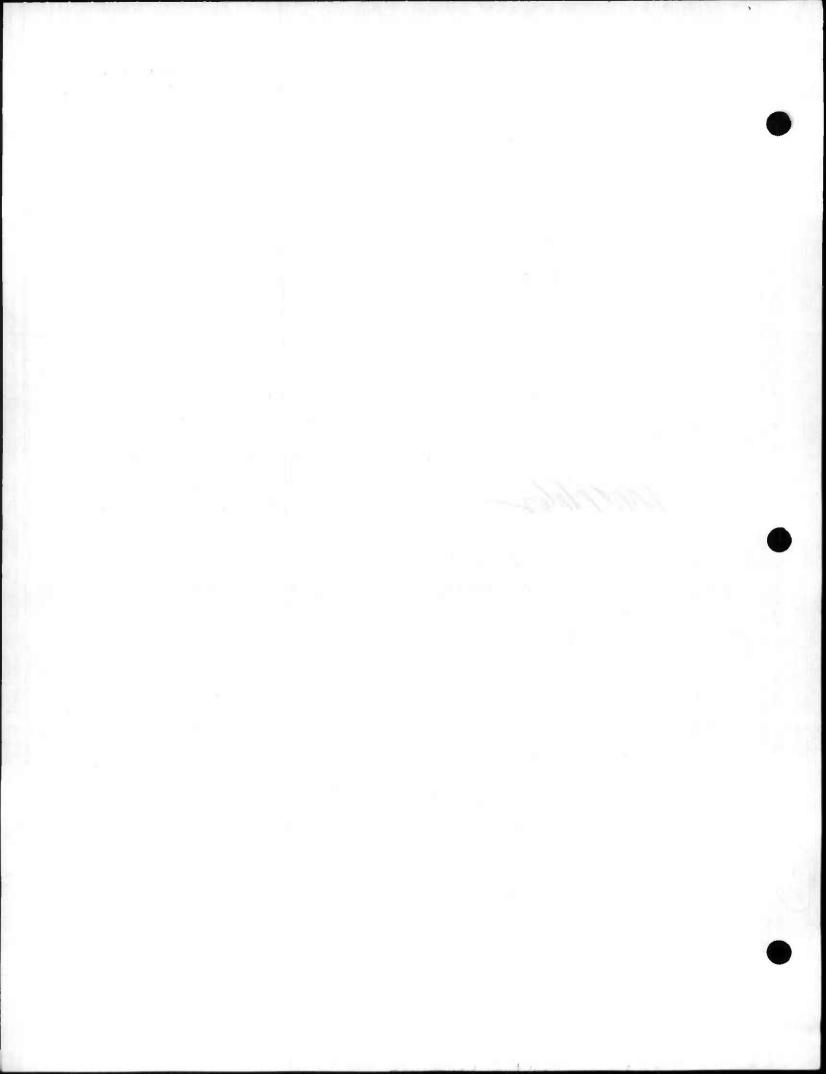
and number)  aberland  T  was decedent ever in FORCES? 1 yes if yes, give war or do not be in the political profile (1-4 or 5+)	(In yrs. lest birthdey) 4 YRS.  PITAL  10c. CITY, CUM  10c. CITY, CUM  10c. CITY, CUM  10c. CITY, CUM  10c. CITY, 10c. CI	TOWN OR LOCATION  101. 2  13. WAS DECEM  19 YES 2  SUAL OCCUPATION  18 done during most  WEBSTE  DISPOSITION (Name  Colace)  22. NAME ANO	D ZIP CODE  1502  NDENT OF HISPANIC PROPERTY Cuban, Mexican, 2 NO Specify:  4 of working  18. MOTHER'S NAM LILL  4 Number or Rural Roc R ST. N  19. ADDRESS OF FACE  18. 821 141	C ORIGIN? (Specify Yea of Puerto Rican, etc.)  16b. KIND OF BUSH  PRIVA  E (First, Middle, Maiden St  IE M, JOHN  ONTE VON,  W. WASH.  ONTE 20c. LOCA  9-20-91 CU  LITY MODE	PALOC NO. 14. RACI Spec BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC SPEC SPEC SPEC SPEC SPEC SPE	OPEATN  OF A C C C C C C C C C C C C C C C C C C	
and number)  The rland  The rland  The rland  The results of the r	19c. CITY, CUM  19c. CITY, CUM	TOWN OR LOCATIC  BERLAN  101. 2  13. WAS DECENTIFY YES, specially Yes, specially	NOUNS MIN.  R LOCATION OF DEA  NOT DO  NO  D  ZIP COOE  1 5 0 2  NDENT OF HISPANN  Iffy Cuban, Maxican,  2 NO Specify:  d working  18. MOTHER'S NAM  LILL  D Number or Rural Re  R ST. N  19. ADDRESS OF FACE  18. 8 2 1 1 4 1	C ORIGIN? (Specify Yes of Puerto Rican, etc.)  16b. KIND OF BUSH  PRIVA  16b. KIND OF BUSH  PRIVA  16 (First, Middle, Maiden St  IEM, JOHN  Purto Number, City or Fown,  W. WASH.  OATE 20c. LOCA  9-20-91 CU  LITY MODE	PALOC NO. 14. RACI Spec BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC BI MESS/INDUSTRY  ATE DISTRIBUTE SPEC SPEC SPEC SPEC SPEC SPEC SPEC SPE	DEATN  C. G.CO.  10d. INSIDE CITY LIMITS?  11/2 YES 2   NO WHAT COUNTRY?  S. A.  E. — American Indian, ik, White, etc.  20011  Down, State  Ind. M.D.	
T. WAS DECEDENT EVER IN FORCES? 1   YES, GIVE WAR OR DI ON COllege (1-4 or 5+)  from State 200. cem	19c. CITY, CUM  19c. CITY, CUM  N.U.S. ARMED  ATES  18a. OECEDENT'S US (Give kind of wor, illia. Do NOT use of NURSE  19b. MAILING AE  1423  PLACE AND DATE OF 1016 (Gry, craimatory, or other WOODLAW	TOWN OR LOCATION  IBERLAN  101. 2  13. WAS DECEN  If yes, spec  1  Ves 2  SUAL OCCUPATION  & done during most  retired.)  DORESS (Street and  WEBSTE  DISPOSITION (Name  Colace)  22. NAME AND	D ZIP COOE  1502  NDENT OF HISPANN CITY CUBAN, Mexican, SPECIFY:  4 of working  18. MOTHER'S NAM LILL  A Number of Rural Ro CR ST. N  19. ADDRESS OF FACE  18. 821 141	C ORIGIN? (Specify Yea of Puerto Rican, etc.)  16b. KIND OF BUSH  PRIVA  E (First, Middle, Maiden St  IE M, JOHN  ONTE VON,  W. WASH.  ONTE 20c. LOCA  9-20-91 CU  LITY MODE	DAINC  10g. CITIZEN OF Y  U  OF NO- 14. RACIBIBED  Spec  B L  NESS/INDUSTRY  A T E  Umame)  USON  State, Zip Code)  D. C. 2  ATION — City of To amberla  ERN FUN	10d. INSIDE CITY LIMITS? 11 YES 2 NO WHAT COUNTRY? S.A.  E.—American Indian, k, White, etc. 20011 Down, State and MD	
. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DI POPULATION ON DI POPULATION ON STATE OF THE POPULATION OF TH	CUM  N.U.S. ARMED  30 NO  ATES  18a. OECEDENT'S US  (Give kind of wor.  III. Do NOT use of  NURSE  19b. MAILING AE  1423  PLACE AND DATE OF 1016 Fey. craimatory or other  WOODLAW	IBERLAN  101. 2  13. WAS DECENT If yes, specifiyes, specifiyes, specifiyes, specifiyes, specified, and the during most redired.)  DORESS (Street and WEBSTE DISPOSITION (Name Colace) VN  22. NAME AND	D ZIP CODE  1502  NDENT OF HISPANIC PROPERTY Cuban, Mexican, 2 NO Specify:  4 of working  18. MOTHER'S NAM LILL  4 Number or Rural Roc R ST. N  19. ADDRESS OF FACE  18. 821 141	PRIVA  166. KIND OF BUSH  PRIVA  E (First, Middle, Maiden St  IE M, JOHN  oute Number, City or Town,  W. WASH.  OATE 29c. LOCA  9-20-91 CU  LITY MODE	Dr No- 14. RACE Blace Spec BI L. NESS/INDUSTRY  ATE Lumame) USON State, Zip Code) D. C. 2 ATION — City or To amberla ERN FUN	LIMITS?  1 YES 2 NO WHAT COUNTRY?  S.A.  E.— American Indian, k, White, etc.  ACK  20011  Down, State  nd MD	
. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DI ON CONTROL OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	N. U.S. ARMED  ACTES  18a. OECEDENT'S US (Give kind of working. Do NOT use of NURSE)  19b. MAILING AE  1423  D. PLACE AND DATE OF Intelligence, cramatory or other WOODLAW	101. 2  13. WAS DECEING YEAR, Special To YES 2  SUAL OCCUPATION (A done during most retired.)  DORESS (Street and WEBSTE DISPOSITION (Name Collect))  22. NAME AND	ZIP COOE  1502  NDENT OF HISPANIA LITY Curban, Mexican, Specify:  for working  18. MOTHER'S NAM LITLE A Number or Rural Ro LR ST. N  19. ADDRESS OF FACE  18. 821 141	PRIVA  166. KIND OF BUSH  PRIVA  E (First, Middle, Maiden St  IE M, JOHN  oute Number, City or Town,  W. WASH.  OATE 29c. LOCA  9-20-91 CU  LITY MODE	Dr No- 14. RACE Blace Spec BI L. NESS/INDUSTRY  ATE Lumame) USON State, Zip Code) D. C. 2 ATION — City or To amberla ERN FUN	S.A.  E — American Indian, k, White, etc.  ACK  20011  Down, State  nd MD	
. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DI ON CONTROL OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	18a. OECEDENT'S US (Give kind of work life. Do NOT use of NURSE  19b. MAILING AE 1423  DPLACE AND DATE OF Intellife, cramatory or other WOODLAW	13. WAS DECEI If yes, spec 1  VES 2  SUAL OCCUPATION rk done during most retired.)  DORESS (Street and WEBSTE DISPOSITION (Name College)	NDENT OF HISPANICITY Cuban, Mexican, 2 NO Specify:  of working  18. MOTHER'S NAM  LILL  of Number or Rural Rec  CR ST. N  19. ADDRESS OF FACE  18. 2. 1. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PRIVA  166. KIND OF BUSH  PRIVA  E (First, Middle, Maiden St  IE M, JOHN  oute Number, City or Town,  W. WASH.  OATE 29c. LOCA  9-20-91 CU  LITY MODE	ATE  WISON  State, Zip Code)  D. C. 2  ATION — City or To amberla  ERN FUN	E — American Indian, ik, White, etc.  20011  20011  Down, State  10 MD	
from State 20b.	I the deeth. Do not	DORESS (Street and WEBSTE DISPOSITION (Name College)  22. NAME AND	18. MOTHER'S NAM LILL  d Number or Rural Ro  CR ST. N  e of	PRIVA  E (First, Middle, Maiden St  IE M, JOHN  oute Number, City or Town,  W. WASH.  OATE 20c. LOCA  9-20-91 CU  UTY MODE	ATE  USON  State, Zip Code)  D.C. 2  ATION — City or To amberla  ERN FUN	0011 pwn, State	
Dicellon that caused	19b. MAILING AD 1423  PLACE ANO DATE OF I refery, crametory, or other WOODLAW	DORESS (Street and WEBSTE DISPOSITION (Name Colace) 122. NAME AND	LILL: C Number or Rural Ro CR ST.N Pe of	IE (First, Middle, Melden St. IE M, JOHN UTE Number, City or Town, W. WASH.  OATE 20c, LOCA  9-20-91 CU UTY MODE	USON State, Zip Code) D.C. 2 ATION — City or To	own, State	
Dicellon that caused	D. PLACE AND DATE OF INDICATE	WEBSTE DISPOSITION (Name (Place) 22. NAME AND	d Number or Rural Ro	W. WASH.  OATE 20c. LOCA  19-20-91 CU  LITY MODE	State, Zip Code) D.C. 2 ATION — City or To Imberla ERN FUN	own, State	
Dicellon that caused	D. PLACE AND DATE OF INDICATE	WEBSTE DISPOSITION (Name (Place) 22. NAME AND	ADDRESS OF FACE	W. WASH.  OATE 200 LOCA  9-20-91 CU  LITY MODE	D.C. 2 ATION - City or To Imberla ERN FUN	own, State	
Dicellon that caused	PLACE ANODATE OF INDICATE OF I	DISPOSITION (Name (Diace) V N 22. NAME ANO	ADDRESS OF FACE	9-20-91 CU LITY MODE	ation—chy or to amberla ERN FUN	own, State	
Dicetion that roused	874	22. NAME ANO	821 14	th ST.N.W	ERN FUN		
lard &	the death Do not	3	821 14	th ST.N.W	ERN FUN		
plicetions that saused Dnly one cause on ea	the death Do not		021 14				
DUE TO (OR AS A						Interval Between Onset and De	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence of):  OUE TO (or as a consequence of):  OUE TO (or as a consequence of):							
BM	SHAC	e, 14	(36)				
eith du	Bourt	the underlying of	cause given in Pr	PERFORM	ED?	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO	
		26. PLAC	CE OF DEATN (Checi	k only one)			
			8 Realdence 8	Other (Specify)			
28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK	(7	28d. DEŞCRIBE NOW INJURY OCCUREO			
28e. PLACE OF INJURY building, atc. (Special	— Al home, larm, atred	et, factory, office	2	281. LOCATION (Street and City or Town, State)	1 Number or Rural R	Route Number,	
: To the best of my knowle	edge, death occurred a	of the time, date an	nd place, and due to	the cause(a) and manne	or ea stated.	) and manner as stated	
- th	- atter	2	9c. LICENSE NUMB	ER 2			
	DUE TO (OR AS A  ACL)  OUE TO (OR AS A  OUE TO (OR A)  OUE TO (OR AS A  OU	DUE TO (OR AS A CONSEQUENCE OF):  ACD S  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUT TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):  ACD S  OUE TO (OR AS A CONSEQUENCE OF):  SHALL  OTHER:  Inpelient 2   ER/Outpetient 3   DOA   4   Nursing Nome  28e. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WORK  1   YE  28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify)  To the best of my knowledge, death occurred at the time, date at the basia of examination and/or investigation, in my opinion, dear	DUE TO (OR AS A CONSEQUENCE OF):  ACD S  OUE TO (OR AS A CONSEQUENCE OF):  This is a consequence of the cons	OUE TO (OR AS A CONSEQUENCE OF):  OUT TO	DUE TO (OR AS A CONSEQUENCE OF):  ACD S  OUE TO (OR AS A CONSEQUENCE OF):  Thibuting to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25b. PLACE OF DEATN (Check only one)  25c. PLACE OF DEATN (Check only one)  27c. Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 8 Residence 8 Other (Specify)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 YES 2 NO  28c. PLACE OF INJURY AT WORK?  M 1 YES 2 NO  28d. DESCRIBE NOW INJURY OCCURED  26c. INJURY AT WORK?  In the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated.  To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated.  29c. LICENSE NUMBER  29d. DATE SIONEO  29c. LICENSE NUMBER  29d. DATE SIONEO  2	

BALTIMORE, MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	y th	96		34 0
	d by	JIG L		90
	taine	Shor		tiffe
	9 76	40		2
-	y b	Dade		Pe
	E	100		ust
	ge 6	irec		E
	2	p pe		3
	Seath	fune		xam
	ther (	the /	loval.	al e
	Urs a	4	ren	edic
Ì	100	Del	1, 0	E
•	in 24	ely fi	nation	#
	d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
	cute	00 p	untal	tic
	98	n an	10 b	ша
	e be	icial	rior	Iran
	ficat	P	ne p	Je
	certi	ling	ygie	to
	the state	tend	E I	10
	be de	the at	Ment	Juny,
	hat th	6	and	ny is
	es ti	gned	alth	8
	quin	n Si	운	*
	W re	pee	nt. 0	S S
	e la	has	Dec	1 23
	=	cate	State	Item
	ICIA	ertif	the	0
	HYS	his	HI.	Ked
	1G P	ter ti	ath	nar
	NO	: Aft	r de	99
	E	HOT.	afte	28
	RA	IREC	MILE	E
	110	07	2 ho	I Ite
ÿ	PITA	ERA	7 1	
١	HOS	FUN	with	TAN
ĺ	H	34	Pe	OR
	2	0	De fi	MP
		-	-	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

							DEATH		REG. NO			
. 1	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH	MY		3. TIME OF DEATH
	Sarah	M.		CR	AVE	N					YEAR	2100 "
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 H	RS. 7. 1	DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
1	239-14-2078	1 □ M 2 🔀 F	75	YRS.	MONTHS	DAYS	HOURS M	IN.	(Month, Day, Year) 2-12-16		Count	th Carolina
1	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	OR LOCATION O		2 12 10	9c. COUN	TY OF I	CII OGIOTTIIG
E	Calvert Memori	al Hosp	ital						- 1-	100.000		
5	RESIDENCE OF DECEDENT	ar nobp.	ICUI		FL.	rnce	e Fre	ueri	CK	Ca	lve	rt
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	ТҮ		10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY
<u>a</u>	Maryland Cal	vert			Owi	ngs						LIMITS?
A	10e. STREET AND NUMBER						ZIP CODE		_	10n CITIZ	EN OF	WHAT COUNTRY?
8	40 Hone	vsuckle L	200				20.	736				
3	11. MARITAL STATUS			MED	12.1	MAS DEC			RIGIN? (Specify Ye		U.S.	
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 X	vo ov	- 1 -	f yes, sp	ecify Cuban, M	exicen, Pu	arto Rican, atc.)	s or No-	14, RACI	E — American Indian, k, White, atc.
B	3 🖟 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 X NO S	pecify:			Spec	"y: White
0	15. DECEDENT'S EDI	UCATION	16a. DE	CEDENT'S	USUAL OC	CLIPATIO	NM .		16b. KIND OF BU		10Test	
COMPLETED	(Specify only highest grad		(G	ive kind of v	work done o	during mo	st of working		IOU. KIND OF BU	SINESS/IND	JSINT	
7	12th	College (1-4 or 5+)	,	Hor	ısewi	fo						
N	17. FATHER'S NAME (First, Middle, Last)			1100	IDCMI	16						
	Samuel E.	McCullow	ah						First, Middle, Malden			
BE	19a. INFORMANT'S NAME (Type/Print)	MCCultou							Etta Wil			
2			196	3502	Bet	(Street a	ace	nnar	Number City or Toy	n, State, Zip	Code)	22003
	Cynthia K. Cox			-	. 200	4 13	Luce .	-1111011	idale, v	Tr STII	1a 2	22005
	20a. METNOD OF DISPOSITION 1	noval from State	20b. PLACE	AND DATE	OF DISPOS	TION /Na	me of		DATE 20c. LC	CATION — C	ity or To	rwn, State
	4 Donation 5 Other (Specify)		Metro	opoli	'tan"	Cren	natory	9+1	19-91 A	1exan	dria	a, Virginia
	21. SIGNATURE OF FUMERAL SERVICE LI	PENSEE			22. 1	NAME AN	D ADDRESS O	F FACILITY	Υ			
	> 1/1/101 1/10	10-							Funera			
-	23. PART i. Entar the diseases, or	41			6	160	Oxon I	lill	Rd. Oxo	n Hil	1, N	ld. 20745
	IMMEDIATE CAUSE (Finsl disesse or condition	n.										Onset and Death
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST	b. ADVA- DUE TO (c.  DUE TO (d.	OR AS A CONSECUTION OF AS	SR C	AN (	IC L	BRAI	r	s ynd	Ronj		Orsal and Daam
	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ADVA  DUE TO (	OR AS A CONSEC	SR (DUENCE OF	-An (					long		Orisat and Daath
	Sequantially list conditions, if sny, leading to immediata cause. Entar UNDER/ING CAUSE (Disesse or Injury that initiated events	b. ADVA  DUE TO (	OR AS A CONSEC	SR (DUENCE OF	-An (				i. 24e. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ADVA  DUE TO (	OR AS A CONSEC	SR (DUENCE OF	-An (					AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
EDICAL	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ADVA  DUE TO (	OR AS A CONSEC	SR (DUENCE OF	-An (				i. 24e. WAS AN PERFOR	AUTOPSY RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ADVA  DUE TO (	OR AS A CONSEC	SR (DUENCE OF	-An (				i. 24e. WAS AN PERFOI	AUTOPSY RMED?  I NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	b. ADVA  DUE TO (  d	OR AS A CONSEC	SR (DUENCE OF	- An (	deriying		n in Part	i. 240. WAS AN PERFOI 1 X YES 2 LIA /TE BRA	AUTOPSY RMED?  I NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (	OR AS A CONSEC	OUENCE OF	other	deriying 26. PL	cause giver	in Part	i. 240. WAS AN PERFO!  1 YES 2  LIAITE BRAIN  ON One)	AUTOPSY RMED?  I NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECT	OUENCE OF	OTHER	26. PL.	ACE OF DEATH	in Part	i. 24e. WAS AN PERFO!  1 YES 2  LIAITE BRAIN  Other (Specify)	AUTOPSY TIMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	DUE TO (	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECT	DUENCE OF	OTHER	26. PL. I: ling Nome 28c. INJL WOI	ACE OF DEATH  5 G Rasider  RK?	(Check on the 6 28d.	i. 240. WAS AN PERFO!  1 YES 2  LIAITE BRAIN  ON One)	AUTOPSY TIMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (c. DUE TO (c. DUE TO (c.  DUE TO (	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse of Lury M	26. PL	ACE OF DEATH  5 G Resider  RR7  ES 2 NO	(Check on the Company of the Company of Company of Company of the	i. 24s. WAS AN PERFOI 1 YES 2 LIA / TE BRA / One) Other (Specify) OESCRIBE NOW I	AUTOPSY RMED?  NO  NO  NJURY OCC	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	DUE TO (  DUE TO	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECT	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse of Lury M	26. PL	ACE OF DEATH  5 G Resider  RR7  ES 2 NO	Check on 28d.	i. 24e. WAS AN PERFO!  1 YES 2  LIAITE BRAIN  Other (Specify)	AUTOPSY NED?  I NO  70  NJURY OCCU	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
ED BY PHYSICIAN:	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (c.  DUE TO	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJ.	OTHER 4   Nurse E OF URY M	26. PL. I: Ing Nome 28c. INJL WOI 1  Y	ACE OF DEATH  5 G Resider  JRY AT  ES 2 NO	Check on 28d.	i. 24s. WAS AN PERFORM 1 YES 2 LIA / TE BRA / One) Other (Specify) OESCRIBE NOW I	AUTOPSY IMED? I NO INJURY OCCU	JRED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investigation  3 Suleide 6 Could not be detarmined  29s. CERTIFIER (Check only)	DUE TO (c.  DUE TO	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse OF MR M M M M M M M M M M M M M M M M M M	26. PL. i: ing Nome 28c. INJ: WOI 1  Y pry, office	ACE OF DEATH  5 G Resider  JRY AT  ES 2 NO	Check on 28d.	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY TMED?  I NO  NO  NURY Occident Number of the state of the stat	JRED or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (c.  DUE TO	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse OF MR M M M M M M M M M M M M M M M M M M	26. PL. i: ing Nome 28c. INJ: WOI 1  Y pry, office	ACE OF DEATH  5 G Resider  JRY AT  ES 2 NO	Check on 28d.	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY TMED?  I NO  NO  NURY Occident Number of the state of the stat	JRED or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investigation  3 Suleide 6 Could not be detarmined  29s. CERTIFIER (Check only)	DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c.  DUE TO (c	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse OF MR M M M M M M M M M M M M M M M M M M	26. PL. i: ing Nome 28c. INJ: WOI 1  Y pry, office	ACE OF DEATH  5 G Resider  JRY AT  ES 2 NO	(Check on 28d. 28f. due to the time,	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY TIMED? I NO TO NJURY Occur and Number of	24b.  24b.  27PED  V Rural R  d.  Cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Noute Number;
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  298. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c.  DUE TO (c	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER 4   Nurse OF MR M M M M M M M M M M M M M M M M M M	26. PL. i: ing Nome 28c. INJ: WOI 1  Y pry, office	ACE OF DEATH  5 Resider  RRY AT  RES 2 NO  end place, and  esth occurred at	Check on 28d.  28f.  Under the time,	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY TIMED? I NO TO NJURY Occur and Number of	24b.  24b.  27PED  V Rural R  d.  Cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined determined conditions. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined. Significant conditions of the could not be determined to the could not be determined to the could not be determined to the could not be determined. Significant conditions of the could not be determined to	DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. d.  HOSPITAL: 1 Inpatiant 2 Description 2	OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	OTHER 4 Number of Market Market, factor Market, factor Market, factor Market Ma	26. PL. i: ing Nome 28c. INJ: WOI 1  Y pry, office	ACE OF DEATH  5 Resider  RRY AT  RES 2 NO  end place, and  esth occurred at	(Check on 28d. 28f. due to the time,	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY TIMED? I NO TO NJURY Occur and Number of	24b.  24b.  27PED  V Rural R  d.  Cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Noute Number;
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  298. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. d.  HOSPITAL: 1 Inpatiant 2 Description 2	OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	OTHER 4   Nurse OF LURY M treet, factor d at the firm, in my op	26. PL.: ing Nome 28c. INJU WOO 1	ACE OF DEATH  5 GREEder  RR7  ES 2 NO  and place, and bath occured at 29c. LICENSE	28d. 28f.  Location the time, NUMBER	i. 24e. WAS AN PERFO!  1 YES 2  LIA ITE BRA I  Other (Specify)  OESCRIBE NOW I  LOCATION (Street of City or Town, State)  a cause(a) and mer data and place, an	AUTOPSY NMED?  I NO  70  NJURY Occi and Number of diduction that 29d. DATE	JRED JRED d. cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 S NO  Noute Number,  (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHAT	DUE TO (C. DUE TO (C.	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE	OTHER 4   Nurse OF LURY M treet, factor d at the firm, in my op	26. PL.: ing Nome 28c. INJU WOO 1	ACE OF DEATH  5 GREEder  RR7  ES 2 NO  and place, and bath occured at 29c. LICENSE	28d. 28f.  Location the time, NUMBER	i. 24e. WAS AN PERFO!  1 YES 2  LIA / TO  BRA /  Other (Specify)  OESCRIBE NOW I  LOCATION (Street City or Town, State)	AUTOPSY NMED?  I NO  70  NJURY Occi and Number of diduction that 29d. DATE	JRED JRED d. cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Noute Number;
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Neutral 5 Pending investigation 3 Suleide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TILL OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. d.  HOSPITAL: 1 Inpatiant 2 Description 2	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE	OTHER 4   Nurse OF LURY M treet, factor d at the firm, in my op	26. PL.: ing Nome 28c. INJU WOO 1	ACE OF DEATH  5 GREEder  RR7  ES 2 NO  and place, and bath occured at 29c. LICENSE	28d. 28f.  Location the time, NUMBER	i. 24e. WAS AN PERFO!  1 YES 2  LIA ITE BRA I  Other (Specify)  OESCRIBE NOW I  LOCATION (Street of City or Town, State)  a cause(a) and mer data and place, an	AUTOPSY NMED?  I NO  70  NJURY Occi and Number of diduction that 29d. DATE	JRED JRED d. cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 S NO  Noute Number,  (Month, Day, Year)



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSING TO THE FUNERAL DIRECTOR. After this do not the find within 72 hours.

DIVISION OF WITAL RECORDS, P.O. BOX 13146,

	글	
;	5	
i	60	
1	흹	ı
}	ĔΙ	
The same of the sa	12	
	호	
	팅	ı
	5	ľ
	3	
	칕	ŀ
	5	
	all	i
3	8	
	Ž.	
i	*	
ì	Ñ	
į	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ľ	8	2
ŀ	3	1
Į	100	
į	181	
ĺ	-	
į	60	
:	23	
į	Ħ	
71	=	
Ē	崖	
E	AN	
B	DR.	
100	F	
Ŗ	*	

SFP 24'91

FUATA

							91		6910
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AND I	MENTAL HYGIEN		t-ap	
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH			3, TIME OF DEATH
- 1	A I I A A I I TS	VAGA 1	2	A	2000	MONTH C	T. C. YM	YEAR	1 67 F A
- 1	CHARLES	EDAM		CUR	RENS	9	23	9	6-22 H
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vrs	s. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7, DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign
- 1		1	-7	MONTHS DA		(Month, Day, Year)		Country	
- 1	216-10-3544	12 M 2 D F 8	YRS.			9-9-6	)4		Pa.
- 1	9a, FACILITY NAME (If not institution, give street	et and number)	1	9b. CITY TO	WN OR LOCATION OF DE	ATH	9c. COU	NTY OF DE	FATH
OR	LONG VIEW NU	RSING HON	1E	MAN	VCHESTE	ER	CA	HRR	OLL
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	OCATION				10d. INSIDE CITY LIMITS?
5 1	MIDICIAR	SRO III	1	Am	DSTEA	D			1 YES 2 NO
	10a. STREET AND NUMBER	1110		- / /	10f, ZIP CODE		10- 017	TITEN OF W	HAT COUNTRY?
3		0 =			IOI. ZIP CODE		2.5		MAI COOMINT?
监	3408 FALL.	5 MD			21074	1	1 US	SA	
FUNERAL		12. WAS DECEDENT EVER IN U.S	ADMED	40 400	DECENDENT OF HISPAN	UC ODIONIS (Secolo, V	a as No	14 BACE	- American Indian,
5		FORCES? 1 YES 2		IS. TWO	s, specify Cuben, Maxica	in. Puerto Rican, atc.)	B Of 140—	Bleck	, White, etc.
	1 Never Married 2 Married	IF YES, GIVE WAR OR DATES			YES 2 NO Specifi			Specif	fy:
ΒY	3 //idowed 4 DPDivorced					,		V	VHITE
8	15. DECEDENT'S EDUCA	71011		USUAL OCCU	DATION	16b, KIND OF BU	10111500 (11)	DUOTEW	
	(Specify only highest grade of	ompleted)	(Give kind of	work done durin	ng most of working	100. KIND OF BO	Jaime 33/III	DUSINI	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	se retired.)					
7			e fool	Die Ma	kor	Plack	D.		
COMPLET	7th grade		TOOT &	Die M		Black		cker	
ō I	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Middle, Meide	n Surname)		-
	Emory Currens					Ella	4	4111	
BE								11 001	
	19a. INFORMANT'S NAME (Type/Print)	(spouse)	19b. MAILIN	ADDRESS (St	reet and Number or Rural	Route Number, City or To	wn, State, Z	(p Code)	
2	BEATRICE CUE	ERENS	3408	7-11-	21 11.	stead md	. 210	74	
	0		9	7.13117					
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov	20b. PL	ACE OF DISPO er place)	SITION (Name of	of cometery, crematory or	20c. L	OCATION -	- City or To	wn, Stata
	Donation 5 Other (Specify)	TOP		en Ceme	eterv	G1	on A	rm M	larvland
			T CLC					LIU, P	at A talki
	21. SIGNATURE OF FUNERAL SERVICE LICE	mes of /		22. NAN	ME AND ADDRESS OF FA	CILITY ELINE	rw	rep	AL MOME
	V V		7			- 0/	1 _		
	1. Juny 14	. I han soul			1 / 100 0				
		a por marriage		1934	1 5. MAIN	151. 1	Amp?	sien	D, MU
	23. PART I. Enter the diseases, or so	mplications that caused the	a death. Do	934	# 5. MATA	the a cardiac or rea	olretory a	rest.	Approximate
	23. PART I. Enter the diseases, or sa	pilications that caused the	a death. Do	not anter the	mode of dying, suc	th as cardiac or rea	piretory a	rrest,	Approximata Interval Between
	23. PART I. Enter the diseases, or sanock, or heart fellure. Li	plications that caused the lat only one cause on each	a death. Do	not anter the	mode of dying, suc	th as cardiac or rea	piretory a	5 / e/	
	IMMEDIATE CAUSE (Finel	plications that caused the lat only one cause on each	a death. Do	not anter the	a mode of dying, suc	th as cardiac or rea	piretory a	rrest,	Intarvai Between
		in plications that caused the lat only one cause on each	a death. Do line.	not anter the	o mode of dying, suc	th as cardiac or rea	piretory a	rrest,	Intarvai Between
	iMMEDIATE CAUSE (Finel disease or condition	pications that caused the lat only one cause on each  DUE TO (OR AS A CO	a death. Do line.	934 not anter the	t 3. MAIN e mode of dying, suc	th as cardiac or rea	piretory a	rrest,	Intarvai Between
	iMMEDIATE CAUSE (Finel disease or condition	Cur	a death. Do iine.	not anter the	e mode of dying, suc	57. H	piretory a	rrest,	Intarvai Between
N	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CO	diac INSEQUENCE OF THE	e ar	o mode of dying, such	57. H	gm/gpiretory a	rrest,	Intarvai Between
ION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	Cur	diac INSEQUENCE OF THE	e ar	o mode of dying, such	57. After the second se	gm/Spiretory a	rrest,	Intarvai Between
ATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	diac INSEQUENCE OF THE	e ar	t 3. MAIN e mode of dying, such why?	57. After the second se	gm/Spiretory a	rrest,	Intarvai Between
ICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS A CO	duce INSEQUENCE (	STOP:	t 3. MAIN e mode of dying, suc why?	57. If	gm/Spiretory a	rrest,	Intarvai Between
IFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	duce INSEQUENCE (	STOP:	o mode of dying, such	57. He sh aa cardiac or rea	gm/J	rrest,	Intarvai Between
RTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	duce INSEQUENCE (	STOP:	t 3. MAIN e mode of dying, suc why?	57. H	Am/ piretory a	rrest,	Intarvai Between
ERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	duce INSEQUENCE (	STOP:	t 3. MAIN e mode of dying, such why?	57. After the second se	Am Spiretory a	rrest,	Intarvai Between
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MSEOUENCE (	DEP:	nous	thnia			Intarval Between Onset and Death
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	MSEOUENCE (	DEP:	nous	Part I. 24a. WASA	piretory a		Intarvai Between
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MSEOUENCE (	DEP:	nous	Part I. 24a. WAS A PERFO	N AUTOPSY	7 24b	Interval Between Onset and Death Onset and Death  were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MARCOUENCE (	DEP:	nous	Part I. 24a. WAS A PERFO	N AUTOPS	7 24b	Interval Between Onset and Death Dea
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MARCOUENCE (	DEP:	nous	Part I. 24a. WAS A PERFO	N AUTOPSY	7 24b	Interval Between Onset and Death Onset and Death  were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MARCOUENCE (	DEP:	nous	Part I. 24a. WAS A PERFO	N AUTOPSY	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	MARCOUENCE (	DEP:	nous	Part I. 24a. WAS A PERFO	N AUTOPSY	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Cause Caus	DUE TO (OR AS A CO	MARCOUENCE (	OF):  OF):  OF):  United the under t	nous	Part I. 24a. WAS A PERF	N AUTOPSY	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Lample Cause Cau	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but a  L / Car curl  HOSPITAL:	MALE INSEQUENCE OF THE PROPERTY OF THE PROPERT	OF):  OF):  OTHER:	riving ceuse given in	Part I. 24a, WAS A PERFU	N AUTOPSY	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  Leave to the conditions of the condition	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but a  L V as curl  L V as curl  Aligned	MALE INSEQUENCE OF THE PROPERTY OF THE PROPERT	OF):  OF):  OTHER:	ryling couse given in	Part I. 24a, WAS A PERFU	N AUTOPSY	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Lample Cause Cau	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contribution to death but in the contri	INSEQUENCE (INSEQUENCE ):  OF):  OF):  OTHER:  4 (1) Auralian  ME OF 28	riying ceuse given in  Class of Death (C)  G Home 5   Residence  IC, INJURY AT	Part I. 24a, WAS A PERFU	N AUTOPS)	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  LEXAMINER?  1 YES 2 July 27. MANNER OF DEATH	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but a  L V as such  HOSPITAL:  1   Inpetient 2   ER/Outpetie	INSEQUENCE (INSEQUENCE ):  OF):  OF):  OTHER: 4 Distribution  ME OF 28  JUNY  28	riying ceuse given in	Part I. 24a. WAS A PERFU I UVES  Abeck only one)  6  Other (Specify)	N AUTOPS)	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Language 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YES  27. MANNER OF DEATH  1 Netural 6 Pending	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contributing to death but in the contribution to death but in the contri	INSEQUENCE (INSEQUENCE ):  OF):  OF):  OTHER: 4 Distribution  ME OF 28  JUNY  28	riying ceuse given in  Class of Death (C)  G Home 5   Residence  IC, INJURY AT	Part I. 24a. WAS A PERFU I UVES  Abeck only one)  6  Other (Specify)	N AUTOPS)	7 24b	Interval Between Onset and Death  Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Language 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YES  27. MANNER OF DEATH  1 Netural 6 Pending investigation	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but is  Contri	MARCOUENCE CONSEQUENCE FI:  OFFI:  OFFI:  OFFI:  OFFI:  OTHER:  OTHER:  OTHER:  OTHER:  Understand	riying ceuse given in  26. PLACE OF DEATH (C)  26. HJURY AT  WORK?  1 VES 2 NO	Part I. 24a. WAS A PERFU I VES  1 VES  24d. WAS A PERFU I VES  24d. VAS A PERF	N AUTOPSY RMED? 2 June 7 INJURY O	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO 27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A CO  DUE TO	MARCOUENCE CONSEQUENCE FI:  OFFI:  OFFI:  OFFI:  OFFI:  OTHER:  OTHER:  OTHER:  OTHER:  Understand	riying ceuse given in  26. PLACE OF DEATH (C)  26. HJURY AT  WORK?  1 VES 2 NO	Part I. 24a. WAS A PERFO 1 YES  About only one)  8 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMED? 2 June 7 INJURY O	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Language 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YES  27. MANNER OF DEATH  1 Netural 6 Pending investigation	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but is  Contri	MARCOUENCE CONSEQUENCE FI:  OFFI:  OFFI:  OFFI:  OFFI:  OTHER:  OTHER:  OTHER:  OTHER:  Understand	riying ceuse given in  26. PLACE OF DEATH (C)  26. HJURY AT  WORK?  1 VES 2 NO	Part I. 24a. WAS A PERFU I VES  1 VES  24d. WAS A PERFU I VES  24d. VAS A PERF	N AUTOPSY RMED? 2 June 7 INJURY O	24b	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 July  27. MANNER OF DEATH  1 Paturel 6 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  CONTributing to death but a  CONTRIBUTION OF THE CONTRIBUTION OF T	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 (Durusing ME OF 4/JURY M 1, street, factory,	riying ceuse given in  CLINT 26. PLACE OF DEATH (C) g Home 5   Residence ic. INJURY AT WORK? 1   YES 2   NO	Part 1. 24a. WAS A PERFU 1 VES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Rown, Ste	N AUTOPSY PRMED? 2 July 10 July 0 7 INJURY 0	CCURED	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 July  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Suicide 6 Could not be distarmined	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but is  Contri	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 (Durusing ME OF 4/JURY M 1, street, factory,	riying ceuse given in  CLINT 26. PLACE OF DEATH (C) g Home 5   Residence ic. INJURY AT WORK? 1   YES 2   NO	Part 1. 24a. WAS A PERFU 1 VES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Rown, Ste	N AUTOPSY PRMED? 2 July 10 July 0 7 INJURY 0	CCURED	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be datarmined	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  CONTributing to death but a  CONTRIBUTION OF THE CONTRIBUTION OF T	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 D Juring ME OF 28 JURY M 1  , street, factory,	riying ceuse given in  26. PLACE OF DEATH (C)  3 Home 5 Residence  10. INJURY AT  WORK?  1 YES 2 NO  1, office	Part 1. 24a, WAS A PERFU 1 VES  1 Other (Specify)  28d. DESCRIBE HOW City or Rown, Steel to the cause(a) and meaning the	N AUTOPS) PRIMED?  2 July  I INJURY O	CCURED cor or Rural lated.	Interval Between Onset and Death  Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 6 Could not be distarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  CONTributing to death but is  CONTRIBUTED TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  EXAMPLE TO (OR AS A CO  DUE	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 D Juring ME OF 28 JURY M 1  , street, factory,	riying ceuse given in  CLEAT  26. PLACE OF DEATH (C.  19 Home 5   Rasidence  10. INJURY AT  WORK?  1   YES 2   NO  1, office	Part I.  24a. WAS A PERF  1 YES  1 YES  26d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Stree City or Town, Ste  e to the cause(a) and me e time, date and place,	IN AUTOPS) PRIMED?  2 IMM  INJURY O  It and Numb  b)	CCURED  er or Rural in the cause(in the cause)	Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 No
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be datarmined	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  CONTributing to death but is  CONTRIBUTED TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  EXAMPLE TO (OR AS A CO  DUE	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 D Juring ME OF 28 JURY M 1  , street, factory,	riying ceuse given in  26. PLACE OF DEATH (C)  3 Home 5 Residence  10. INJURY AT  WORK?  1 YES 2 NO  1, office	Part I. 24a. WAS A PERFU I VES 1 VES 24bbck only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Stee to the cause(a) and me time, date and place, IMBER	IN AUTOPS) PRIMED?  2 IMM  INJURY O  It and Numb  b)	CCURED  er or Rural in the cause(in the cause)	Interval Between Onset and Death  Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 6 Could not be distarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  CONTributing to death but is  CONTRIBUTED TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  EXAMPLE TO (OR AS A CO  DUE	INSEQUENCE OF THE PROPERTY OF	OF):  OF):  OF):  OF):  OTHER: 4 D Juring ME OF 28 JURY M 1  , street, factory,	riying ceuse given in  CLEAT  26. PLACE OF DEATH (C.  19 Home 5   Rasidence  10. INJURY AT  WORK?  1   YES 2   NO  1, office	Part I.  24a. WAS A PERF  1 YES  1 YES  26d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Stree City or Town, Ste  e to the cause(a) and me e time, date and place,	IN AUTOPS) PRIMED?  2 IMM  INJURY O  It and Numb  b)	CCURED  er or Rural in the cause(in the cause)	Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 No

COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
MP 3223 MAIN ST

32. REGISTRAR'S SIGNATURE

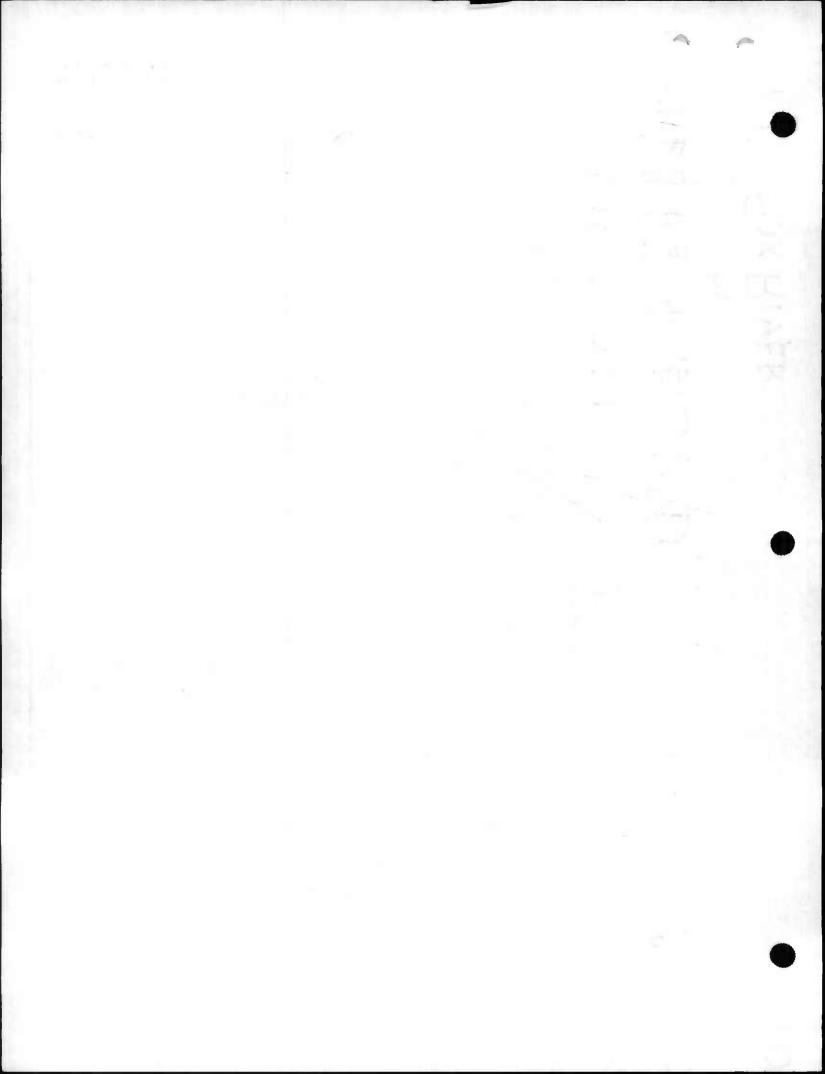
Savidson

			7	/ IOAIL	OF DEATH	REG. NO				
- 5	1. DECEDENT'S NAME (First, Middle, Leet)	7	ORG	SIVAN	0	2. DATE OF DEATH	2 97	a 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-20-8513		(In yrs. lest birt	(RS. MONTHS DA		7. DATE OF BIRTH (Morith, Day, Year) 2-17-1913		RTNPLACE (State or Foreign puntry)		
	9a. FACILITY NAME (If not Institution, give s Union Hospital of (			96. CITY, TO	WN OR LOCATION OF DI	EATN	Cecil	OF DEATN		
UNECION	RESIDENCE OF DECEDENT  108. STATE 10b. COUNT  MD Cec:		10	Elkton	OCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	100. STREET AND NUMBER 16 Walter Boulden S	St.			10f. ZIP CODE 21921		10g. CITIZEN O	OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If ye	DECENDENT OF HISPAI a, specify Cuban, Maxica YES 2 NO Specif			NACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	(Give k	ENT'S USUAL OCCUI ind of work done durin NOT use retired.)	PATION g most of working	16b, KIND OF BU	SINESS/INDUSTF	NY .		
	17. FATHER'S NAME (First, Middle, Last) Trailey Miller		TMICIE	INCI		ME (First, Middle, Malden Finley	Surneme)			
200	19a. INFORMANT'S NAME (Type/Print)  John J. Condivano					Route Number, City or Tow	vn, State, Zip Code	9)		
	20s. METNOD OF DISPOSITION  1/3 Burilei 2 Cremetton 3 Ramoval from Stata  20b. PLACE AND DATE OF DISPOSITION (Name of complant) Plants of complant, parallel conditions of complants of com									
	23. PART I. Enter the diseases, or	Collens	e)			ins, Jr. Fune kford, PA 193	363	, по.		
	IMMEDIATE CAUSE (Final	List only one ceuse on	eech line.			ch ea cerdlec or reap	iretory arrest,			
FILLICATION		a. Cuth, must oue to (on as Due To (on as Du	A CONSEQUE	Fuferet Oc NCE OF):	A .	th ea cerdlec or reap		Interval Betw Onset and De		
AL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUE	Fuferett Or NCE OF): NCE OF): NCE OF):	they. O	67. Con	NAUTOPSY RIMED?	Interval Betw Onset and De		
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificent conditions and the conditions of t	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUE	Pufeet or NCE OF): NCE OF): utling in the under	they. O	Part I. 24a. WAS AI PERFO	NAUTOPSY RIMED?	24b. WERE AUTOPSY FIND ANAILABLE PRIOR TO COMPLETION OF CAUS		
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUE	NCE OF):  INCE OF):  INCE OF):  INCE OF):  OTHER:  DOA   OTHER:   A	riying cause given in	Part I. 24a. WAS AI PERFO 1 YES	NAUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUED  A CONSEQUED  A CONSEQUED  A CONSEQUED  But not reau	NCE OF):  NCE OF):  ULL  NCE OF):  U	riying cause given in  28. PLACE OF DEATN (C)  Home 5   Residence c. INJURY AT WORK?  YES 2   NO	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RIMED? 2 NO INJURY OCCURE	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	eech line.  S A CONSEQUE  A CONSEQUE  A CONSEQUE  Dut not reau  utpatient 3 (1)  RY — At home, pocify)	NCE OF):  ACE OF): ACE OF):  ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE	riying cause given in  28. PLACE OF DEATN (C)  Home 5   Residence  C. INJURY AT  WORK?  YES 2   NO  office	Part I. 24a. WAS AI PERFO 1 YES  Condition of the Performance of the P	NAUTOPSY RMED? 2 M NO INJURY OCCURE and Number or R	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	eech line.  S A CONSEQUE  A CONSEQUE  A CONSEQUE  Dut not reau  utpatient 3 (1)  RY — At home, pocify)	NCE OF):  ACE OF): ACE OF):  ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE OF): ACE	riying cause given in  28. PLACE OF DEATN (C)  Home 5   Residence  C. INJURY AT  WORK?  YES 2   NO  office	Part I. 24a. WAS AI PERFO 1 YES  1 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Street	NAUTOPSY RMED? 2 NO  INJURY OCCURE and Number or R in our stated. and due to the ca	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		

properties of the polymerous and bear

CONTRACTOR OF THE PARTY OF THE SAME AND THE

	1. DECEDENT'S NAME (First, Middle, Last	)		- 40	2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH	
	Teri	Ellen		-00 K	SEP 19		1126 PI	
	4. SOCIAL SECURITY NUMBER 207 58 0806	1 □ M 2/XF	2-6 YRS.	IF UNDER 1 YEAR SF UNDER 24 HRS IONTHS DAYS HOURS MIN.	AUG 25	1965 Å	IRTHPLACE (State or Foreign ountry) LÄBAMA	
E)	9a. FACILITY NAME (If not institution, give RT 272 & WARBU			NORTH EAST	DEATH	9c. COUNTY C		
DIRECT		CECIL		TOWN OR LOCATION RISING SUN			10d, INSIDE CITY LIMITS? 1 YES 2XXNO	
EKAL	355 WOOD VALLE	EV ROAD		101, ZIP CODE 21911		10g. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 VES TWO Spe	Ican, Puerto Rican, etc.)	fes or No— 14. I			
LEI ED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 6+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEW	rk done during most of working retired.)		USINESS/INDUSTI	RY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		HOUSEW		NAME (First, Middle, Melde	IOME		
S	WILLIAM D. HI	T.T. TR			ET MADIS		RESERVE FUR	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street and Number or Rui				
2	RAYMOND M. CO	OK, JR.	355 W	OOD VALLEY R	D. RISTNO	SUN	MD 21911	
	20a. METHOD OF DISPOSITION 15 Burlai 2 Cremation 3 Re 4 Donation 6 Other (Specify)		20b. PLACE AND DATE	OF DISPOSITION (Name		OCATION City		
	23. PART I. Enter the diseases, o	r complications that cause on	sed the daeth. Do no	RISING	D FUNERAL SUN, MARY uch as cardlec or res	YLAND	Interval Between	
	23. PART I. Enter the diseases, o ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on	sed the daeth. Do no n each line.	RISING of enter the mode of dylng, a	SUN, MARY	YLAND opiratory arrest,	Onset and Dest	
EHIIFICATION	ahock, or heert failure IMMEDIATE CAUSE (Fine) disease or condition	e. List only one cause on DUE TO (OR A DUE TO (OR A C.	church	RISING of enter the mode of dylng, a New York	SUN, MARY	YLAND opiratory arrest,	Onset and Dest	
MEDICAL	shock, or heert failure immediate or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. List only one cause on DUE TO (OR A DUE T	S A CONSEDUENCE OF	RISING of enter the mode of dylng, a  Neco	SUN , MAR uch as cardiec or read scardiec scardiec or read scardiec or read scardiec or read scardiec or read scardiec or read scardiec or read scardiec or read scarding scardiec or read scarding scard	YLAND opiratory arrest,	Onset and Dest	
MEDICAL	ahock, or heef failure in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	e. List only one cause on DUE TO (OR A DUE T	S A CONSEDUENCE OF	RISING of enter the mode of dylng, a  Week  The way of the control	SUN , MAR's uch as cardiec or real sun , MAR's uch	Y I.AND spiratory arreat,  W W W W W W W W W W W W W W W W W W W	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	e. List only one cause on DUE TO (OR A DUE T	S A CONSEDUENCE OF	RISING of enter the mode of dying, a  Note of the mode of dying, a  Note of the mode of dying, a  Note of the mode of dying, a  RISING	SUN , MAR  uch as cardiec or rea  Some in Part i. 24a. Was. PERF 1 YES	Y I.AND spiratory arreat,  W W W W W W W W W W W W W W W W W W W	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEDICAL	ahock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	e. List only one cause on DUE TO (OR A DUE TO (OR A d.	S A CONSEQUENCE OF	RISING of enter the mode of dying, a  Note of the mode of dying, a  Note of the mode of dying, a  Note of the mode of dying, a  Resident of the mode of the mode of dying, a  Resident of the mode of the mo	SUN , MAR  uch as cardiec or rea  Some in Part i. 24a. Was. PERF 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	ahock, or heert failure in the condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR A  C. DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)	s A CONSEDUENCE OF	RISING of enter the mode of dying, a  V CO  I the underlying cause given  28. PLACE OF DEATH OTHER: 4   Nursing Home 5   Residen RY WORK? 1   YES 2   NO	SUN MAR  uch as cardiec or rea  Sin Part i. 24a. WAS. PERF  1 YES  (Check only one)  28d. DESCRIBE HOT	AN AUTOPSY ORMED?  2 J. MO.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	ahock, or heert failure in the condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause in the cause of injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are caused in the cause of th	DUE TO (OR A  C. DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)	S A CONSEQUENCE OF	RISING of enter the mode of dying, a  V CO  I the underlying cause given  28. PLACE OF DEATH OTHER: 4   Nursing Home 5   Residen RY WORK? 1   YES 2   NO	SUN , MAR  uch as cardiec or res  Shows  in Part i. 24a. was. PERF  1   YES  (Check only one)  ce 6   Other (Specify)	AN AUTOPSY ORMED?  2 MAN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	ahock, or heert failur  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not a 4 Homicide 6 Could not a 4 Homicide Check only  1 CERTIFYINO PH	e. List only one cause on  e. List only one cause on  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  28. DATE OF INJUE (Month, Dey, Ves  28. PLACE DF INJUE DUE TO (IN INJUE (Month, Dey, Ves  YSICIAN: To the best of my kr	s A CONSEDUENCE OF	RISING of enter the mode of dying, a  V CO  I the underlying cause given  28. PLACE OF DEATH OTHER: 4   Nursing Home 5   Residen RY WORK? 1   YES 2   NO	SUN , MAR's uch as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or real such as cardiec or such as cardiec or such as cardiec or such as cardiec or such as cardiec or such as cardiec or real such as cardiec or real such as cardiec or such as	AN AUTOPSY ORMED?  2 Jang.  W INJURY OCCURI	Interval Between Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset O	
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heert failur  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not a 4 Homicide 6 Could not a 4 Homicide Check only  1 CERTIFYINO PH	e. List only one cause on  e. List only one cause on  DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  DUE TO (OR A  d.  1	s A CONSEDUENCE OF	RISING of enter the mode of dying, a  Note of dy	SUN MAR  uch as cardiec or rea  Shows  in Part i. 24a. WAS. PERF  1 YES  (Check only one)  28d. DESCRIBE HOT  28d. DESCRIBE HOT  28d. LOCATION (Streetly or Town, Streetly or	AN AUTOPSY ORMED?  2 J. NO.  W INJURY OCCURI	Interval Between Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset and Desti Onset O	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST  PART II. Other algnificant conditions in the condition of the con	DUE TO (OR A  C. DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (O	S A CONSEDUENCE OF S A CONSEDUENCE OF S A CONSEDUENCE OF S A CONSEDUENCE OF The but not resulting in Dutpatient 3 DOA TY 28b. TiMe Specify)  28b. TiMe Specify Towledge, death occurre- stion and/or investigation	RISING of enter the mode of dying, a  We will be a second of the control of the c	SUN MAR  uch as cardiec or rea  Shows  in Part i. 24a. WAS. PERF  1 YES  (Check only one)  28d. DESCRIBE HOT  28d. DESCRIBE HOT  28d. LOCATION (Streetly or Town, Streetly or	AN AUTOPSY ORMED?  2 J. NO.  W INJURY OCCURI	Interval Between Onset and Desting Conset and Desting Conset and Desting Conset and Desting Conset and Conset	



	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF			2. DAT	REG. NO		1	TIME OF DEATH	
	VAUGHN	NMI		CLARK		09	rH all	9 199	YEAR	1205	
	4. SOCIAL SECURITY NUMBER 218-38-8175	1 🕅 2 🗆 F	(In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH		BIRTHPL	ng, NC	
	90. FACILITY NAME (If not institution, give so LITTLE ELK CI		PARK	96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	OF DEAT	Н	
Our Color	10s, STATE 10b, COUNT	eci1	10c. Cri	ry, town on Loc 1kton	ATION				100	d. INSIDE CITY LIMITS? XYES 2 NO	
	100. STREET AND NUMBER 238 E. Main	St.		1	OI. ZIP CODE	921				T COUNTRY?	
	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 17 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	en, Puerto	N? (Specify Yea Ricen, etc.)	or No.— 14	Black, W	American indian, hita, atc. White	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		nost of working	161	b. KIND OF BU				
	12 17. FATHER'S NAME (First, Middle, Last) Ambrose	Clark	Pain	t Insp	18. MOTHER'S NA			Surname)	r Co	mpany	
2	190, INFORMANT'S NAME (Type/Print) Ruth Clark				and Number or Rural	Route Num	ber, City or Tow	n, State, Zip Co	197	11	
	20a. METHOD OF DISPOSITION  1   Burlel 2X Cremetion 3   Removal from State  4   Donation 5   Other (Specify)   22. NAME AND ADDRESS COLUMN  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  220b. PLACE AND DATE OF DISPOSITION (Name of gamelegy, cremetory or other place)   WEST CHESTER, PA										
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Gee		1 Hom					
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Drowu	the death. Do nech line.	not enter the m	ode of dying, suc	ch as can	diec or respi	ratory arres	t,	Approximate interval Betw Onset and D	
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CENTICATION	resulting in death) LAST	d									
. 1	PART II. Other algorificant condition  CHRONIC A	COHOLISM	ut not resulting	in the underlylr	ng cause given in	Part I.	24a, WAS AN PERFOR		CO	RE AUTOPSY FINDII ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
MEDICAL											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch			Emmt D	DIT	ODDDI	
THE SHOWEN	EXAMINER?  1) YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b, TIM	OTHER: 4 Nursing Hore E OF 28c, IN	PLACE OF DEATH (Chine 5   Raeldence	s X Othe				CREEK	
DI PHISICIAN:	EXAMINER?  1)X YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	28b, TIM INJ	OTHER: 4 Nursing Hotel E OF 28c. IN URY W 1	me 5  Rasidence JURY AT ORK? YES 2  NO	8 X Othe 28d. DES 28t. LOC	r (Specify) L	NJURY OCCUP	RED		
THE SHOWEN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	1   Inpetient 2   ER/Outp 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY	28b. TIM INJ — At home, farm, s	OTHER: 4   Nursing Hot E OF 28c. IN URY M 1   street, factory, offi	me 5 Raeldence JURY AT ORK? YES 2 NO	8 Othe 28d. DES 28t. LOC City	SCRIBE HOW II  ATION (Street a or Town, State)	nJURY OCCUR	RED Rural Route	Number,	

ON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE, MARYLAND 21201
32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle.

31. DATE FILED (Month, Day, Year)
SEP 2 3 '91

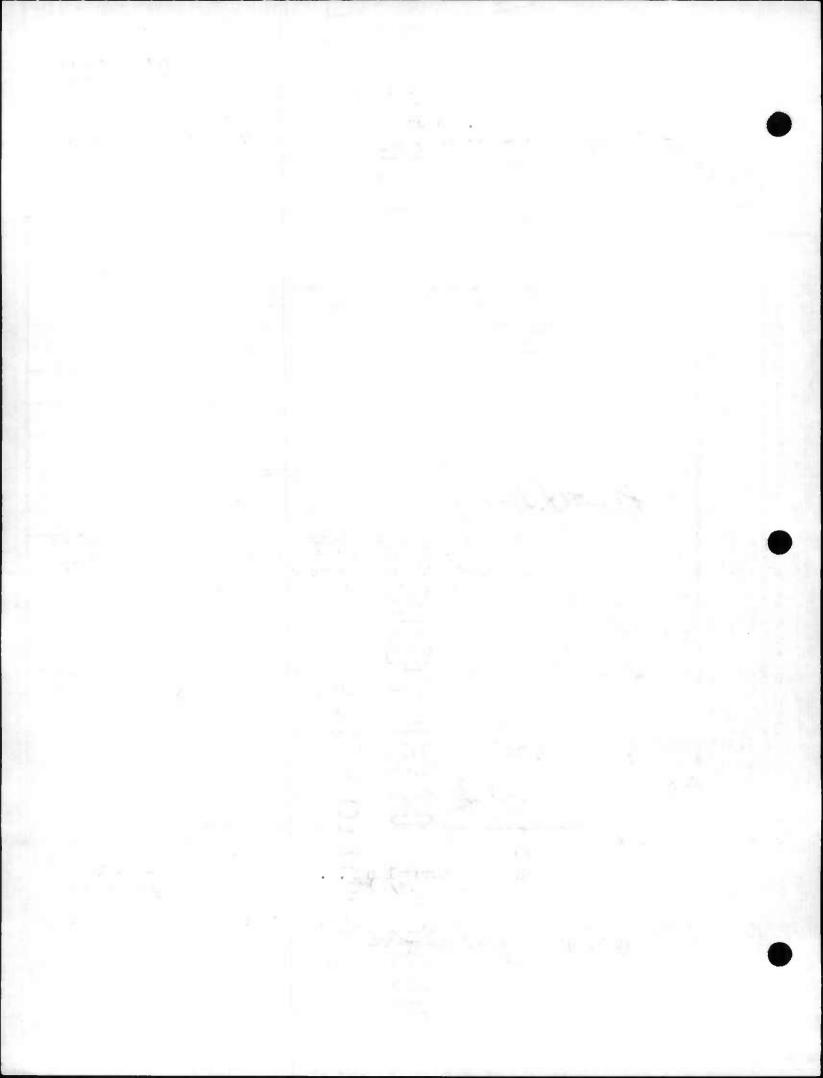
DHMH-18 Rev 1/89

1 J. 34 .

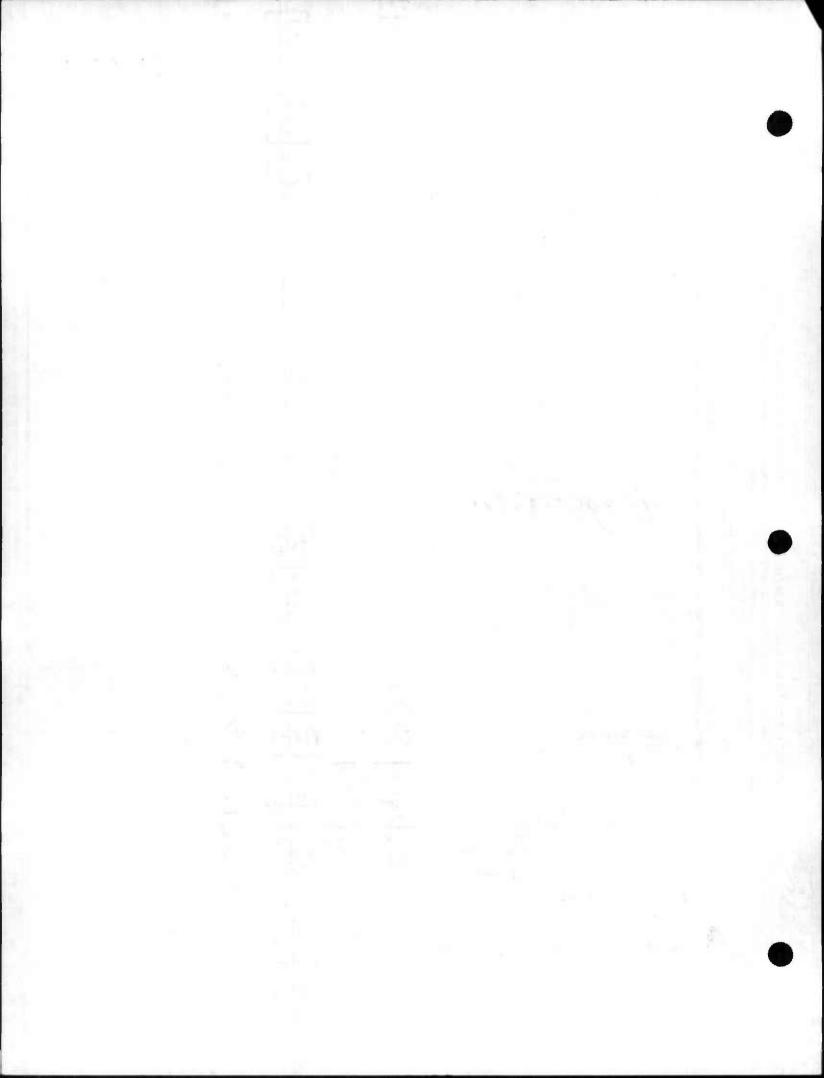
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

- SIAIL	TATE OF MARYLA		MENT OF HEALTH AND CATE OF DEATH		91 26	5914
DECEDENT'S NAME (First, Middle, Lest)	ances A.	Combs	AIE OF DEATH	2. DATE OF DEATH DAY	19 91 3.T	SE SS:59
STATE OF STA	SEX 6. AGE (III		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 3 21 19	Country)	E (State or Foreign YOTK
FACILITY NAME (If not institution, give street of corchester General corchester)			cambridge		9c. COUNTY OF DEATH	er
DO:	rchester		rown on Location Cambridge	•	1 -0.00	INSIDE CITY LIMITS?  YES \$\frac{1}{2}\text{NO}
STREET AND NUMBER 5541 Paw Paw	Pt. Road		101. ZIP CODE 21 61	3	10g. CITIZEN OF WHAT U.S.A.	COUNTRY?
MARITAL STATUS 12.  Never Married **X Married**  Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2) 00	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 TES XX NO Spec	can, Puerto Rican, atc.)	or No— 14. RACE — A Black, Wh Specify [7]	
15. DECEDENT'S EDUCATION (Specify only highest grade complete (Parade Comp	ON pleted) oflege (1-4 or 5+)	life. Do NOT use r	k done during most of working	15b. KIND OF BUSI	NESS/INDUSTRY	
FATHER'S NAME (First, Middle, Last) Peter John	n Chasas		18. MOTHER'S I	NAME (First, Middle, Malden S Amelia	Budoff	
. INFORMANT'S NAME (Type/Print) George W. Combs	Jr.	A TOTAL CONTRACTOR	Caitlin Dr.			
a. METHOD OF DISPOSITION   ↑ Burlel 2 □ Cremetton 3 □ Removal  □ Donation 5 □ Other (Specify)			other place Cemetery		ATION — City or Town, s ylon N.Y.	
SIGNATURE OF FUNERAL SERVICE LICENS	Man ()	2	22. NAME AND ADDRESS OF 700 Locust	Thomas	Funeral	
3. PART I. Enter the diseases, or com ahock, or heart fellure. List AMEDIATE CAUSE (Final isease or condition eaulting in death)		ve-Heart			atory arreat,	Approximate Interval Between Operat and Death ears
b		CONSEQUENCE OF):	ardionyo	pathy		years
RT II. Other aignificant conditions of	ontributing to death b	ut not reaulting in	the underlying cause given	In Part I. 24s. WAS AN / PERFORI	MED? AVA COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PLACE OF DEATH (	Check only one)		
MANNER OF DEATH    MANNER OF DEATH   5 Pending	Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)		OF 28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
2   Accident Investigation 3   Suicide 5   Could not be 4   Homicide datarmined	25e. PLACE OF INJURY building, atc. (Spec	— At home, farm, str		281. LOCATION (Street as City or Town, State)	nd Number or Rural Route	Number,
one)			at the time, date and place, and of			d manner as stated.
SICHAFURE AND TITLE OF CENTURES	Edward Ma	cLaughl	M. I 29c. LICENSE	NUMBER	>9-19	ath, Day, Year)
NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Typo, P	10 Aurora Si	h Cambril	te Md.	21617



1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM				TYGIENE REG. NO.		
	JOHN DAVIDSON	Į		17/2	2. DATE OF MONTH SEPT		1991	3. TIME OF DEATH 9:25 P
4. SOCIAL SECURITY NUMBER 285–18–9429	1 💢 M 2 🗆 F 7	73 YRS. MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		28,1918	Countr	anada
9a. FACILITY NAME (If not institution, give Malcolm Grow US RESIDENCE OF DECEDENT				ews AFB	ATH		nce (	Georges
10e. STATE 10b. COUN	ince Georges	10c. CITY, 1	Suitlar					10d. INSIDE CITY LIMITS? 1 YES 2XX NO
P.O. Box 772			101.	20752		10g. Cl	U.S	A .
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexicar 2 NO Specify	n, Puerto Rica		14. RACI Blaci Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mos etired.)		2007.02	nd of Business/in		orna
17. FATHER'S NAME (First, Middle, Last)	D . 1	Weth	eu	18. MOTHER'S NAI	ME (First, Midd	fle, Maiden Surname)		orps
Theodore  190. INFORMANT'S NAME (Type/Print)  Carol J. Davids			oomess (Street e			e Gitten City or Town, State, 2		
20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Re 4  Donation 8  Other (Specify)	206	PLACE AND DATE Of Metropoli	F OISPOSITION	(Name	DATE 9-18-9	20c. LOCATION -		own, State
21. SIGNATURE OF FUNERAL SERVICE		)	22. NAME AN	D ADDRESS OF FAC	CILITY			Md. 20745
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Liet only one cause on e	ach line. tic Squam						Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):						
PART II. Other significent condition	ons contributing to death b	ut not resulting in	the underlying	g ceuse given in		PERFORMED?	r 248	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   X NO	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Outp		OTHER:	ACE OF OEATH (Ch		Specify)		
27. MANNER OF DEATH  1 X Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ			RIBE HOW INJURY O	CCUREO	
2 Accident investigation 3 Suicide 8 Could not I 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, strictly)	eet, factory, offic	CT		ION (Street and Numb Town, State)	er or Rural	Route Number,
construction of the	YSICIAN: To the best of my know							e) end menner ee stated
29b. SIGNATURE AND TITLE OF CENTRE	Tun Mi			29c, LICENSE NUI	WBER			D (Month, Day, Year) 18, 1991
Bruce M. Edwa	who completed cause of de rds, Capt. US		MALC			MEDICAL	CENT	
SFP 2 0 201	32. REGISTRAR'S SIGN		ANDK	LWO AFB	MD.	2033L-53(	11.1	



INING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burisharance name in page 4 o o as	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithful at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely file	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEI	NE '	20010
	1. DECEDENT'S NAME (First, Middle, Last)  RUME D	uff				2. DATE OF DEATH	14 9	YEAR 3. TIME OF DEATH A
)	4. SOCIAL SECURITY NUMBER 219-10-8844	1 □ M 2XXF	(In yrs. lest birthdey) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 19	1913	6. BIRTHPLACE (State or Foreign Country) MARYLAND
CTOR	98. FACILITY NAME (If not institution, give st HARFORD MEMOF		ral		DE GRAC		100	TY OF DEATH RFORD
DIRE	MARYLAND 106. COUNTY	ECIL	100	RT DEPO				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	270 PEPPERMINT	DRIVE		10	21904		10g. CITIZI	EN OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 XNO	If yes, s		NIC ORIGIN? (Specify Yean, Puello Rican, etc.)	ns or No— 1	14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) UNKNOWN	ATION completed)  College (1-4 or 6+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b. KIND OF BU		COMPANY
	17. FATHER'S NAME (First, Middle, Last) FRED FELPEL		DECKE:			AME (First, Middle, Maldel MUSSELMAN	Surname)	COMPANI
TO BE	19a. INFORMANT'S NAME (Type/Print) WILLIAM T. DUFT	F	19b. MAILING		and Number or Rural	Route Number, City or Too	vn, State, Zip C	
	20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remo	206	PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. L	OCATION CI	ty or Town, Stata DEPOSIT, MD
	21. SIGNATURE OF FUNDINAL SERVICE LICE	L. and	die	R.T.	ING SUN	FUNERAL	HOME	
	23. PART I. Enter the diseases, or construction of the process of the construction of	omplications that cause on a strong one cause on a DUE TO (OR AS A	ach Ilna.			ch as cardiac or resp	elratory arres	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST		CONSEQUENCE OF					
AL	PART II. Other significant conditions Acuse doubtent Acuse myelegen	tu		In the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)		
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	4 Nursing Hom E OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s		YES 2 NO	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my knowl	edge, death occurre	ed at the time, data	and place, and due	to the cause(s) and ma	nner as stated	cause(s) and manner as stated.
TO BE CO	295. SIGNATURE AND TITLE OF CERTIFIER  ON A SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON AND	Attendence 1	hacium		D-26			SIGNEO (Month, Day, Year)
	SOZ LEWIS ST.  31. DATE FILEO (Month, Day, Year)  SFP 1 9 '91	SZ. REGISTRAR'S SIGNA	GAALE,		MP 210	7.9		

10e. STREET AND NUMBER 93 Blair Shore La 11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced  15. DECEDENT'S EDU (Specilly only highest grade Elementary/Secondary (0-12)	ane  12. WAS DECEDENT EVI FORCES? 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORC	ER IN U.S. ARMED YES 2 NO OR DATES  16e. DECED (Give hith. Do	96. CITY, TOWN E1kto	OR LOCATON	I. ZIP CODE 21921  CENDENT OF HISPAN Hoffy Cuben, Maxica	7. DATE OF BIRTH (Month, Day, Year)	894 P 9c. COUNT Cec	BIRTHPLAC Country) ennsy: Y OF DEATH	. INSIDE CITY LIMITS? ] YES 2 🔀 NO	
98. FACILITY NAME (If not institution, give s 93 Blair Shore I RESIDENCE OF DECEDENT 108. STATE 109. STATE 109. STREET AND NUMBER 93 Blair Shore La 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) George J. Digg 199. INFORMANT'S NAME (Type/Print)	treet and number)  ANE  12. WAS DECEDENT EVI FORCES? 1   Y IF YES, GIVE WAR O  CATION Confidence  College (1-4 or 5+)	ER IN U.S. ARMED YES 2 NO OR DATES  16e. DECED (Give hith. Do	96. CITY, TOWN Elkto	OR LOCATON	DR LOCATION OF DE	ATH 141	9c. COUNT	Y OF DEATH  10d.  1 EN OF WHAT	. INSIDE CITY LIMITS? ] YES 2 🔀 NO	
93 Blair Shore I RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland 10c. STREET AND NUMBER 93 Blair Shore La 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) George J. Digg 19a. INFORMANT'S NAME (Type/Print)	INCE  12. WAS DECEDENT EVIFORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES AND THE TOP TO T	ER IN U.S. ARMED  ES 2 NO  DR DATES  16e. DECED  (Give A  Iffe. De	Elkto	OR LOCATON	TION  I. ZIP CODE  21921  CENDENT OF HISPAN Holfy Cuben, Maxica		10g. CITIZE	10d. 1 EN OF WHAT	. INSIDE CITY LIMITS? ] YES 2 [X] NO	
10a. STATE Maryland 10b. COUNT Maryland Ce 10c. STREET AND NUMBER 93 Blair Shore La 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) George J. Digg 19a. INFORMANT'S NAME (Type/Print)	ICATION completed)  College (1-4 or 5+)	ER IN U.S. ARMED  ES 2 NO  DR DATES  16e. DECED  (Give A  Iffe. De	Elkto	On 101	I. ZIP CODE  21921  CENDENT OF HISPAN Hocify Cuban, Mexica			1 EN OF WHAT	LIMITS?	
93 Blair Shore La  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  George J. Digg	12. WAS DECEDENT EVIFORCES? 1  YES, GIVE WAR OF STATE OF	PES 2 NO DR DATES  16e. DECED (Give kille. Do		. WAS DEC	21921 CENDENT OF HISPAN Hecity_Cuben, Mexica				COUNTRY?	
1 Never Married 2 Merried 3 Widowed 4 Divorced  1s. DECEDENT'S EDU (Specify only highest grade) Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  George J. Digg  19a. INFORMANT'S NAME (Type/Print)	FORCES? 1 YE WAR O  IF YES, GIVE WAR O  ICATION  Completed)  College (1-4 or 5+)	PES 2 NO DR DATES  16e. DECED (Give kille. Do		If yes, sp	ecify_Cuban, Mexica					
(Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  George J. Digg  19a. INFORMANT'S NAME (Type/Print)	college (1-4 or 5+)	(Give k	MENT'S HEHAL		2 NO Specify	n, Puerto Rican, etc.)		Black, Whi	American Indian Ilia, atc. White	
George J. Digg	jins		kind of work done NOT use retired.	Give kind of work done during most of working into Do NoT use retired.)  Yard Master/Train Master P. R. R.						
	17. FATHER'S NAME (First, Middle, Last)  George J. Diggins  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine McPherson									
William A. Dig	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
AA MERILON CT CLOSES	gins, Jr.					, Wilmin			9810	
20s. METHOD OF DISPOSITION  1 Buriel 2 X Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	of cemetary, cre					LOCATION — CI est Che			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals BOW & Stockton Sts. Elkton, Maryland 21921										
1 Kalkh	8 24	ah.	/	30w 8	Stockton, Maryl	n Sts. and 219	21			
disease or condition resulting in desth)  Sequentielty list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  Testification in desth)  Let Sanguing to Some GI Bleel  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
resulting in deeth) LAST										
PART II. Other significent condition	uiting in the	underlyin	ng cause given in	PER	FORMED?	CON OF	RE AUTOPSY FIN ILABLE PRIOR T MPLETION OF CA DEATH? YES 2 N			
TE WAS CASE DESERVED TO MEDICAL					ACE OF DEATH OF	ant anti arri				
EXAMINER?	HOSPITAL:	/Outpatient		ER:						
27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF INJU	URY 2		28c. IN.	JURY AT ORK?		W INJURY OCC	URED		
• 🗆 • • • • • • • • • • • • • • • • • •	28a. PLACE OF IN. building, etc.	JURY — At home (Specify)	, farm, street, f	ectory, offic	Ga	281. LOCATION (Str City or Town, S	eet and Number of tate)	or Rural Route	Number,	
cont only									d manner as a	
anher Fory	52	_ /	MO		29c. LICENSE NU	MBER 73	29d. DATE	SIGNED (Mo	nth, Day, Year)	
11 11/	HO COMPLETED CAUSE O	Ceci	(Type, Print)		101 1	2	4 -	1 1	=/4.	
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1  Natural 5 Pending Investigation determined  2  Accident Investigation determined  29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINERS.	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death of the conditions contributing	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in death but not resulting to death but not resulting in death but not	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the initiated events resulting in death but not resulting in the initiated events resulting in death but not resulting in the initiated events resultin	DUE TO (OR AS A CONSEQUENCE OF):  any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  a.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significent conditions contributing to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying the underlying the underlying in the underlying the underlying in the underlying in the underlying the underlying in the underlying the underlying in the underlying in the underlying the underlying in the und	DUE TO (OR AS A CONSEQUENCE OF):  cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	

	1. DECEDENT'S NAME (First, Middle, Last)	XA Mildre	ed Dockir	CATE OF	art	2. DATE OF DEATH		3. TIME OF DEATH
	MILDRED		DOCE	KINS	alt	9 16	1991	10:00 P
			GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BIRTH	A DIO	THPLACE (State or Formion
	217-58-7107  9e. FACILITY NAME (If not institution, give stre-		39 YRS.			NOV . 20,		rlock, Md
=	ROUTE 306 HOUS		NCH DOAD		OR LOCATION OF D		9c. COUNTY OF	
25	HESIDENCE OF DECEDENT	SION BRAI					CAROL	INE
DIRE.	Maryland Card	oline	10c. CITY	Feder	Fede	ralsburg dens		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE	uciib	10g CITIZEN OF	1 XYES 2 NO
ER	204 Federal (	Gardens			21632		U.S.A	
BY FUNERAL	11. MARITAL STATUS Separated	FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	s or No — 14. RA	CE American Indian, ick, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES	2 XNO Speci			Black
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16e. DECEDENT'S	JSUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTRY	220011
H		College (1-4 or 5+)	He. Do NOT use	ork done during mo retired.)	st of working			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		None			None		
	Joseph Dockins				111111111111111111111111111111111111111	AME (First, Middle, Melden r Dockins		rdaan
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		Luson
5	Esther Dockins	Richard:	001					g,MD 2163
	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove		20b. PLACE AND DATE OF			1 4 .	CATION — City or	
	4 Donation 6 Other (Specify)		Washingt				ırlock,	
	> Muchael 7.	-0		2Fran	PAPOSS OF	awkins-Es Federals	skow Fu	neral Hon
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		AS A CONSEQUENCE OF)					
MEDICAL CE	PART II. Other eignificant conditions	contributing to deet	h but not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDING AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						- / `		1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	eck only one)		
YSI	XXVES 2 □ NO	OSPITAL:		OTHER: 4 - Nursing Hom	5 🗆 Residence	Sther (Specify) R	OAD	
РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea 9 - 16 - 9	(NJU	RY WO	RK?	28d. DESCRIBE HOW I		
BY	2 Accident Investigation 3 Suicide & Could get be		1 8:45		ES 2 X NO	PEDESTRI 281. LOCATION (Street		
ETED	4 Homicide determined	building, etc. (S	MARYLAN			City or Town, State) ROUTE		JSTON BRA
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my kr	nowledge, deeth occurred	at the lime, date	end place, end due			DION BIRA
COMPL	one) 2 MEDICAL EXAMINER:	On the basic of Examine	elion end/or investigation.	, in my opinion, d	eath occured at the	time, date end place, en	d due to the cause	(e) end manner es stated.
_	290. SIGNATURE AND TITLE OF GERTIFIER	1.00	_ /		29c. LICENSE NUI			D (Month, Day, Year)
<u></u>	July 1- 4	JOHN C	117.		0 C	M E	▶9-16-	-91
O BE								
TO BE	MARIO T- GOLL	E, JR. MI	P 111 N.		STREET	BALTIMOR	E,MARY	LAND 2120
	MARIO T- GOLL  31. DATE FILED (MONTH), Day, Year)	32, REGISTRAR'S SI	P 111 N.		STREET	BALTIMOR	E,MARY	LAND 2120

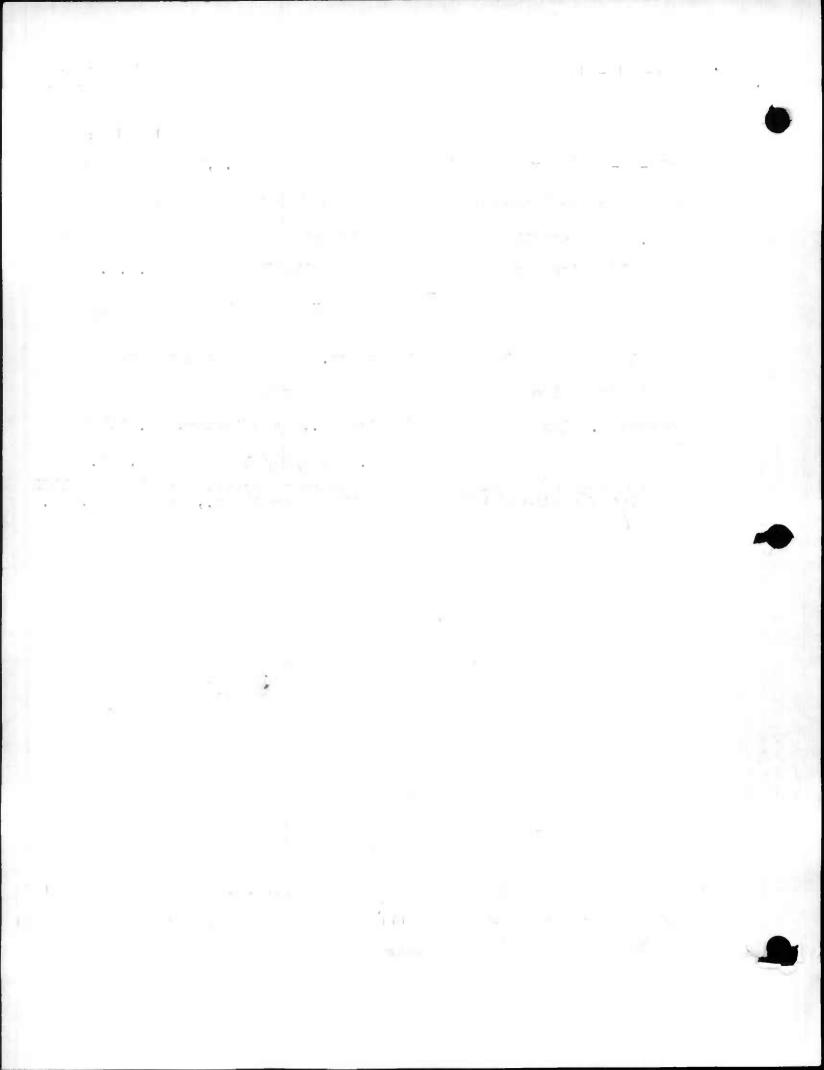
E3 = -1

-

1 = 4

111

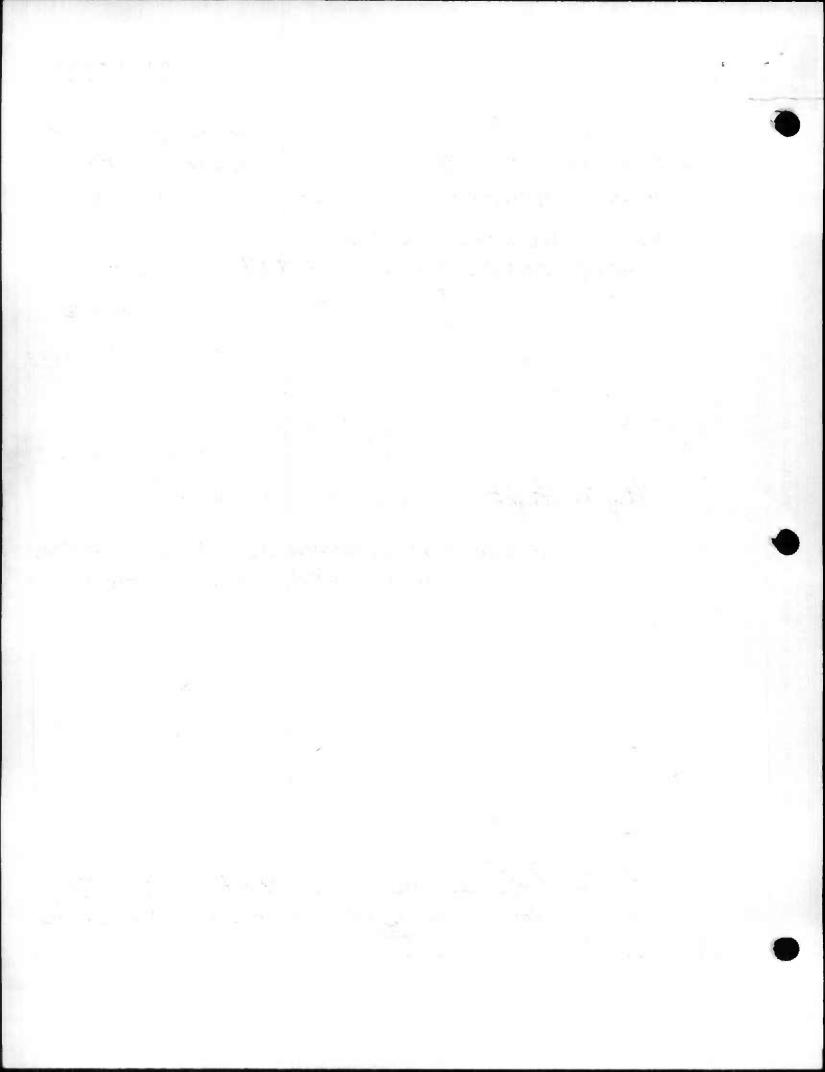
				ERTIFIC	AIE VI	DEALL		REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)						MONT	OF DEATH	Y	EAR	TIME OF DEATI
William  4. SOCIAL SECURITY NUMBER		Russel			Elmo		09			991	4:38
215-50-3	11110	5. SEX 6.	AGE (In yrs. I		F UNDER 1 YEAR DAYS	HOURS MIN.		OF BIRTH	19	BIRTHPL Country) Mar	yland
9a. FACILITY NAME (If not in	stitution, give s	street and number)		9	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY		
Carroll C	ounty	General			West	minister	r		Car	rol	1
10a. STATE	10b. COUNT	Υ		10c. CITY, 1	TOWN OR LOC	ATION				1	Dd. INSIDE CITY
Md.	Car	roll		Wes	tmins	ter				1	LIMITS?
10e. STREET AND NUMBER					1	Of. ZIP CODE					AT COUNTRY?
4350	Wine	Road				21157	7		U.	S.A	•
11. MARITAL STATUS  1 Never Married 2 1 2 3 1 Widowed 4 1 Divo		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	RMED (NO	Il yea, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	in, Puerto	N? (Specify Year Ricen, etc.)	or No 14	Specify:	American India:
	EDENT'S EDU		16a. C	DECEDENT'S US	UAL OCCUPAT	ION	168	. KIND OF BUSI	NESS/INDUS		106
Elamentary/Secondary (0	y highest grade 1-12)	College (1-4 or 5+)	- 4	'Give kind of world fe. Do NOT use n	k done during n etired.)	nost of working					
12		2	Mac	chinis	t Sur			Maste	er Po	Wer	
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden S	umame)		
Leroy	El	mo				Hazel		Long			
19a. INFORMANT'S NAME (7	ype/Print)		1	96. MAILING AD	ORESS (Street	and Number or Rural	Route Num	ber, City or Town.	State. Zip Co	ide)	
Roxanne R	. Elm	10	12	1350 W	ine I	Rd., Wes	tmi	nster.	Md.	21	157
20e. METHOO OF DISPOSIT			20b. PLACE	EANDDATEOF	DISPOSITION				ATION — City		
1A Buriel 2 Cremetic 4 Donation 5 Other	n 3 ⊔ Rem (Specify)	oval from State	cemetery c	remetory or other	nlacal	m 9/26/		Hemps			
21. SIGNATURE OF FUNETA	L SERVICE LIC	CENSEE	1 1101	orea o		AND ADDRESS OF FA		Henne	veau	9 11	u.
· At	Zeh	hardt	_			thardt F					211 er Mc
Sequentielly liet conditi If any, leading to immediause. Enter UNDERLYI CAUSE (Disease or Inju- that initieted eventa resulting in death) LAS'	diate NG ry	b. DUE TO (OR	AS A CONSI	EOUENCE OF):							
PART II. Other algnifica		d	eth but not	resulting in t	the underlyin	ng ceuse given in	Part I.	24s. WAS AN AI	UTOPSY	24h W	ERE AUTOPSY FIN
								PERFORM		AV	MILABLE PRIOR TO
								YES 2	NO	DI	YES 2 NO
	) MEDICAL				26. F	LACE OF DEATH (Ch	eck only or	~	□ NO	DI	DEATH?
25. WAS CASE REFERRED TO EXAMINER?  1 XYES 2 \( \sum \) NO	) MEDICAL	HOSPITAL:	VOutpatient		THER:			ne)	NO NO	DI	DEATH?
EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  Natural 5 1	D MEDICAL Pending		URY		THER:  Nursing Hore  F 28c, IN	LACE OF DEATH (Chi	8 🗆 Othe	ne)		8	DEATH?
1 XYES 2 NO  27. MANNER OF DEATH Natural 5 1 2 Accident 1 3 Suicida 8	Pending	1 Inpatient 2 DEF	URY fear)	28b. TIME O	THER:  Nursing Hore  F 28c. IN  W 1	JURY AT ORK? YES 2 NO	8 Othe 28d. DES 28l. LOC	r (Specify)	URY OCCUR	DI DI	F DEATH?
EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  Netural 5 2 Accident  3 Suicida 8 4 Homicide  29a. CERTIFIER (Check only)	Pending nvestigation Could not be datermined	1 Inpatient 2 DEF  28a. DATE OF INJ (Month, Day, 1)  28a. PLACE OF IN	URY (bar) IJURY — At h (Specify) knowledge, d	3 DOA 4 28b. TIME O INJURY oma, farm, stree	THER:  Nursing Hose  Property 28c, IN  M 1   at, factory, office  t the time, dat	THE 5 Residence SURRY AT ORK? YES 2 NO	8 Other 28d. DES 28l. LOC City to the case	r (Specify)  CCRIBE HOW INJ  ATION (Street and or Town, State)	JURY OCCUR	ED Rural Rout	P DEATH?  YES 2 NO
EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident 3 Suicida 8   4 Homicide  29e. CERTIFIER (Check only 2 MEDI  29b. SIGNATURE 441 TITLE	Pending nvestigation Could not be stermined IFYING PHYSIC CAL EXAMINE	28a. DATE OF INJ (Month, Day, 1) 28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF INJ building, etc.  CIAN: To the best of my R: On the basis of exami	URY — At h (Specify)  knowledge, d instion and/or	26b. TIME O INJURN ome, farm, stree	THER: Nursing Hor 28c. IN M 1   st, factory, office t the time, dat n my opinion,	THE 5 Residence SURRY AT ORK? YES 2 NO	8 Other 28d. DES 281. LOC City to the cautime, data	or (Specify) CRIBE HOW INJ ATION (Street and or Town, State)	URY OCCUR  If Number or If	ED Rural Rout	VES 2 No
EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  Netural 5 2 Accident 3 Sulcide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	Pending needigation Could not be datermined IFYING PHYSIC CAL EXAMINED OF CERTIFIER PERSON WHO	28a. DATE OF INJ (Month, Day, 1)  26a. PLACE OF INJ 26a. PLACE OF INJ building, etc.  CIAN: To the best of my R: On the best of exam	URY — At h (Specify)  knowledge, d instion and/or	28b. TIME O INJURY  Ome, farm, street lasth occurred a Investigation, in	THER: Nursing Hoi F	me 5 Residence JURY AT ORK? YES 2 NO as and place, and due death occured at the	8 Other 28d. DES 28l. LOC City to the cautime, data ABER M . E	r (Specify)  CRIBE HOW INJ  ATION (Street and or Town, State)  Ise(a) and manner and place, and	or as stated.  due to the case of DATE SI	Rural Rout	VES 2 No
EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  Netural 5 2 Accident 3 Sulcide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	Pending neestigation Could not be determined IFYING PHYSICAL EXAMINED OF CERTIFIER PERSON WHO	28e. DATE OF INJ (Month, Dey. 1) 28e. PLACE OF IND building, etc.  CIAN: To the best of my R: On the best of exami	URY — At h (Specify)  knowledge, d instion and/or	28b. TIME O INJURY  Ome, farm, street lasth occurred a Investigation, in	THER: Nursing Hoi F	THE S RESIDENCE SURRY AT ORK? YES 2 NO THE RESIDENCE AND DESCRIPTION OF THE PROPERTY OF THE PR	8 Other 28d. DES 28l. LOC City to the cautime, data ABER M . E	r (Specify)  CRIBE HOW INJ  ATION (Street and or Town, State)  Ise(a) and manner and place, and	or as stated.  due to the case of DATE SI	Rural Rout	VES 2 No



SEP 2.4 '91

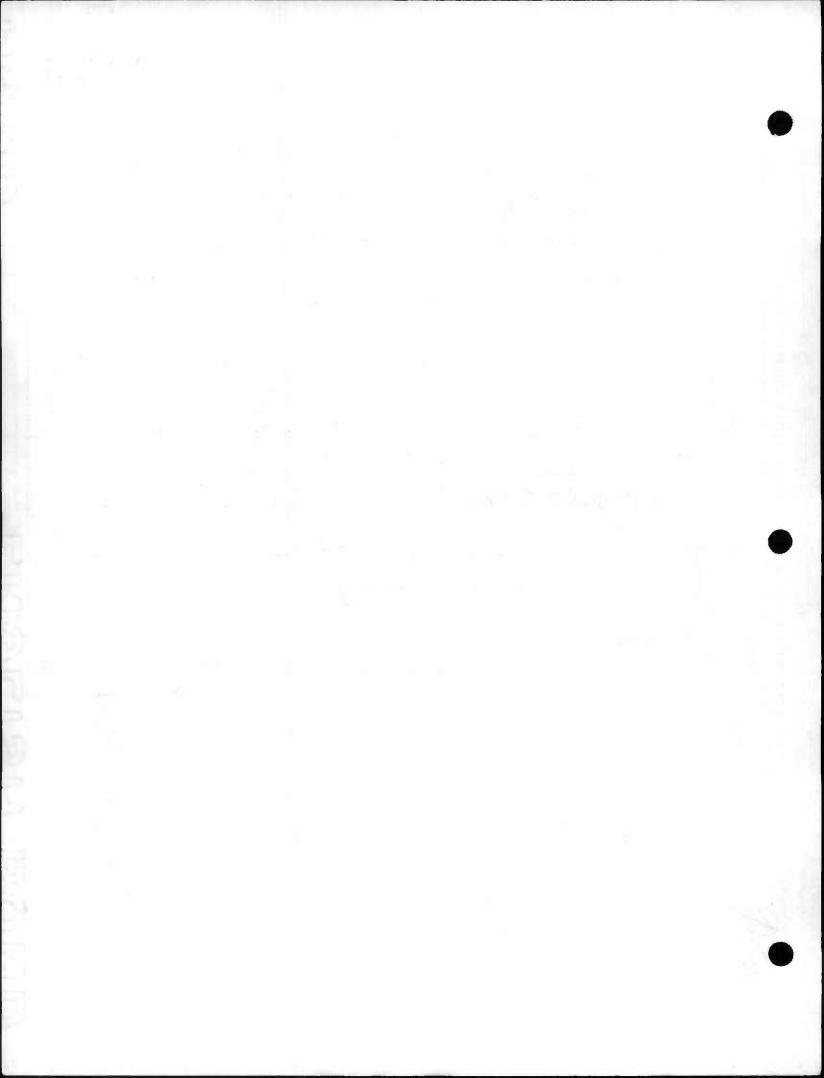
ath. Page 6 may be retained by the hospital or attending physician.	ineral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	aminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PROSCIAR: The law requires that the death certificate be executed within 22 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: Make this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	46		CERTIF	ICATE (	OF DEATH	T	REG. NO		3. TIME OF DEATH
1	DECEDENT'S NAME (First, Middle, Last) ETHER GENEVIEVE ESTES						2. DATE OF OEATH MONTH DAY YEAR  3. TIME OF DEAY YEAR			
I	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YE		HRS. 7. I	DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
	219-36-2106	1 M 2 SF		PO YRS.				9/6/1	1	PA.
	9e. FACILITY NAME (If not institution, give street and number)				96. CITY, TOWN OR LOCATION OF DEATH					
	RESIDENCE OF DECEDENT				NELD	ELG HOWARD				
					Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
	mp. Howers al				LENELS 1 YES 2 XNO					
	10e. STREET AND NUMBER	10s. STREET AND NUMBER				10f. ZIP COOE	173	7	10g. CITIZI	EN OF WHAT COUNTRY?
	14025	7 RIA	T EVED IN 11 0	MARKED	12 400			PRIGIN? (Specify Ye	a as No.	14. RACE — American Indian,
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 Never Merried  2 Married  15. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO IF YES, GIVE WAR OR DATES			ZNO	If yo	e, specify Cuban, YES 2 KNO			s or No-	Black, White, stc.  Specify:
	3 Widowed 4 Divorced	11 120, 0112 1	AN ON DATES			123 2 25010	эросну.			WHITE
	15. OECEDENT'S EDU-	CATION completed)	160	DECEDENT'S	work done duri	PATION ng most of working		15b. KIND OF BU	SINESS/INDU	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT	see retired.)			Spring	field	Hospital Cent
	17. FATHER'S NAME (First, Middle, Last)	<b>*</b> 2		Nurse		I 16. MOTHE	D'S NAME /	First, Middle, Malden		nospicar cent
	Leo E. Fallo	าก						eth Manz		
	19e. INFORMANT'S NAME (Type/Print)	<u> </u>		19b. MAILIN	AOORESS (S	treet and Number o	r Rural Route	Number, City or Tox	vn, State, Zip (	Code)
2	Howard T. Estes		- 17	1402	5 Tria	delphia	Road	Glenel	, Md.	21737
	20e. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)  Mt. View Cemetery  Marri-							City or Town, State		
	4 Denation 6 Other (Specify)		_ Mt	. View					rriot	tsville, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Haight Funeral Home									
	Harry W. Harant Box 195 Sykesville, Md. 21784									CLE ANOTHE
	23. PART I. Enter the diseases, or	complications the	t coused the	s death. Do				ville, M	ld. 21	784
	23. PART I. Enter the diseases, or ahock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	List only one cau	use on eech	Ilne.	not enter th	e mode of dyln	g, such as	ville, M	ld. 21 Hratory arre	784 Approximats Interval Between Onsat and Deeti
	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel	a. PROCOUE TO	use on eech	SIVE  NSEQUENCE OF	not enter th	e mode of dyln	g, such as	ville, M	ld. 21 Hratory arre	784 Approximats Interval Between Onast and Deeti
NO INCIDENT	ahock, of heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PROCOUE TO OUE TO C.	OR AS A CO	SIVE  NSEQUENCE OF	SUP	e mode of dyln	g, such as	ville, M	ld. 21 Hratory arre	784 Approximats Interval Between Onsat and Deeti
	ahock, of heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. PROCOUE TO OUE TO C.	OR AS A CO	SIVE NSEQUENCE ( PRESEQUENCE (	SUP	e mode of dyln	g, such as	ville, M	ld. 21 Hratory arre	784 Approximats Interval Between Onsat and Deeti
	ahock, of heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PROCOUE TO b. OUE TO c. OUE TO d.	(OR AS A CO	SIVE NSEOUENCE ( NSEOUENCE (	SUP	EMOVE OF THE	g, such as	ville, Ma cardiec or reap	Id. 21  Idratory arre	784 Approximats Interval Between Onast and Deeti
. 1	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	a. PROCOUE TO b. OUE TO c. OUE TO d.	(OR AS A CO	SIVE NSEOUENCE ( NSEOUENCE (	SUP	EMOVE OF THE	g, such as	ville, Marandiec or reap	Id. 21  Idratory arre	784  Approximate Interval Between Onaet and Deetl  2 Y FAR  24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. 1	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. PROCOUE TO b. OUE TO c. OUE TO d. HOSPITAL:	OR AS A CO	SIVE NSEOUENCE ( NSEOUENCE ( NSEOUENCE ( not resulting	OF):	EMOVE OF THE	g, such as	ville, Marchine or reap	Id. 21  Idratory arre	Approximate Interval Between Onaat and Deett 2 Y FAR  2 4b. WERE AUTOPSY FINOINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. 1	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a. PROCOUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1 □ Inpetient 2 □	OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ine.  SIVE  NSEOUENCE (  NSEOUENCE (  NSEOUENCE (  not resulting	OTHER:	PLACE OF DE	g, such as	ville, Marcardiec or reap	N AUTOPSY RMED?	784  Approximats Interval Between Onaet and Deetl 2 Y FAR  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
THE SIGNAL INCIDENT	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. PROCOUE TO b. OUE TO c. OUE TO d. HOSPITAL:	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	SIVE NSEOUENCE ( N	OTHER: 4 Nursin	riying cause gi	g, such at	ville, Ma cardiec or reap	N AUTOPSY RMED?	784  Approximats Interval Between Onaet and Deetl 2 Y FAR  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
of citi dicion. Inclored	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. PROCOUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1   Inpetient 2   28e. DATE OF	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	SIVE NSEOUENCE ( N	OTHER:	PLACE OF DE.  HOME SAC Res  C. INJURY AT  HOME 2	yen in Par  ATH (Check the dence 6 E	VILLE, M. a cardiec or reap  A CALLERON  TI. 24a. WAS AI PERFO  1 YES  Only one)  Other (Specify)  Id. OESCRIBE HOW	N AUTOPSY RMED? 2 M'NO INJURY OCC	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
of citi dicion. Inclored	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	BICIAN: To the best of	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ine.  SIVE NSEOUENCE ( PRITAIN NSEOUENCE ( NSEOUENCE (  Onot resulting  At home, farm, se, death occur	OTHER: 4   Nursing ME OF JUNY M   street, factory	riying cause gi	g, such as	VILLE, M.  a cardiec or reap  A	N AUTOPSY RMED? 2 NO INJURY OCC	Approximate Interval Between Onaet and Deett 2 Y FAR 2 2
THE SIGNAL INCIDENT	ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	a. PROCOUE TO b. OUE TO c. OUE TO d	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ine.  SIVE NSEOUENCE ( PRITAIN NSEOUENCE ( NSEOUENCE (  Onot resulting  At home, farm, se, death occur	OTHER: 4   Nursing ME OF JUNY M   street, factory	riying cause gi	g, such as	t I. 24a. WAS AI PERFO  1 VES  Only one)  Other (Specify)  d. OESCRIBE HOW  If. LOCATION (Street City or Yown, State the cause(e) and man, date and place, a	NAUTOPSY RMED?  2 NO  INJURY OCC  and Number of	Approximate Interval Between Onaet and Deet 2 Y EARS ANALABLE PRIOR TO COMPLETION OF CAUSE OF BEATH?  1 YES 2 NO

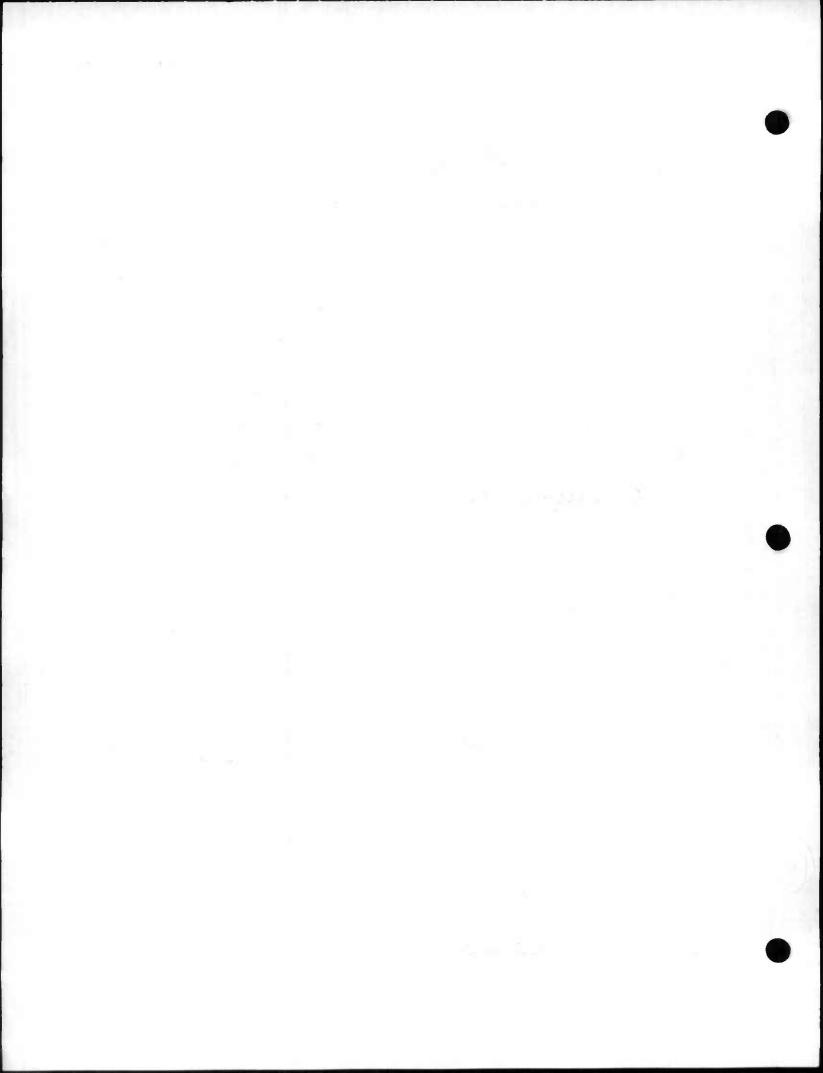


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

. STATE REGISTRAR	STATE OF MARY			F DEATH		EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Goldia				2. DATE OF DEATH DAY September 14,1991 5			3. TIME OF DEATH  5:38 P.		
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	HETH	8. BIRTHE	PLACE (State or Foreign	
577-54-2744	1 M 2 XF	88 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day	5, 1903	Country	)	
9a. FACILITY NAME (If not institution, give			96. CITY, TOW	OR LOCATION OF DI			NTY OF DE		
1101 Centennial Drive Fort Wa									
				CATION				10d. INSIDE CITY	
Maryland Prin	yland Prince George's			Fort Washington			LIMITS?		
ally Tally Tillice George 5				101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
1101 Centennial Drive				20744		11	U.S.A.		
11. MARITAL STATUS				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye			Yea or No. 14. RACE - American Indian.		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y			If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 XNO Specify:			Specify. White etc.		
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIN	D OF BUSINESS/INC			
Elementary/Secondary (0-12)	College (1-4 or 8+)	Hie. Do NOT us	work done during se retired.)	most or working					
4		Nurses	Aid		St.	Elizabet	th's	Hospital	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	a, Maiden Surname)			
James Largent				Bonni	e An	derson			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, C	City or Town, State, Zip	Code)	714 11	
James H. Fallin		1102 (	Centenn	ial Dr. F	t. Was	hington,	Md.	20744	
20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DATE	E OF DISPOSITION	ON (Name		20c. LOCATION -	City or Tov	vn, Stata	
4 Donation 5 Other (Specify)		Mr. Oliv				Hayfield	ı, Vi	rginia	
21. SIGNATURE OF FUNERAL SERVICE DICERSE.  22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home						d. 20745			
23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	a. O 19 ODE TO (OR)	n each line.				or respiratory ar	rest,	Approximate Interval Betwoonset end Do	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificent condition	ona contributing to deal	h but not resulting	In the underly	ring ceuse given in		n. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
								1 YES 2 NO	
				PLACE OF DEATH (C					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2X∑NO	HOSPITAL:	hutpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Colome 5XXXIII)	neck only one)	pecify)	<u></u>		
EXAMINER?  1 YES 2XXNO	1 Inpatient 2 ER/	RY 28b. TIN	OTHER: 4   Nursing H	lome 5XXX asidenca	neck only one) 6 □ Other (Sp	pecify) BE HOW INJURY OC	CURED		
EXAMINER?  1 YES 2XXNO  27. MANNER OF DEATH  1 XXVetural 5 Pending	1 Inpetient 2 ER/	RY 28b. TIN	OTHER: 4 Nursing H ME OF 28c.	lome 5XX Residence	neck only one) 6 □ Other (Sp		CURED		
EXAMINER?  1 YES 2XXNO  27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/	RY 28b. TIN IN.	OTHER: 4   Nursing H ME OF 28c, JURY M 1	lome 5XXRasidenca INJURY AT WORK? YES 2 NO	neck only one)  6 Other (Sp. 28d. DESCRI			1 TYES 2 NO	
EXAMINER?  1 YES 2XXNO  27. MANNER OF DEATH  1 XXNstural 5 Pending Investigation 3 Suicide 6 Could not b detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a, DATE OF INJU (Month, Day, 16  28a, PLACE OF INJ building, stc. (  YSICIAN: To the best of my k  NER: On the bests of examin	RY 28b. Tile IN.  URY — At home, farm, Specify)	OTHER: 4   Nursing H ME OF JBC. M 1 [ atreet, fectory, o	injury at Work?  YES 2 NO  ffica  late and piece, and dun, death occured at the	6 Other (Sp. 286. DESCRI	BE HOW INJURY OC IN (Street and Number wm, State)  a) and manner as stated in place, and due to t	r or Rural R sted. he cause(a	1 YES 2 NO	
EXAMINER?  1 YES 2XNO  27. MANNER OF DEATH  1 XNstural 5 Pending Investigation 3 Suicide 6 Could not b detarmined  29a. CERTIFIER (Check only 1	28a, DATE OF INJU (Month, Day, 16  28a, PLACE OF INJ building, stc. (  YSICIAN: To the best of my k  NER: On the bests of examin	RY 28b. Tile IN.  URY — At home, farm, Specify)	OTHER: 4   Nursing H ME OF JBC. M 1 [ atreet, fectory, o	iome 5.X.Phasidenca iNJURY AT WORK? YES 2 NO ffica	6 Other (Sp. 286. DESCRI	BE HOW INJURY OC IN (Street and Number wm, State)  a) and manner as stated in place, and due to t	r or Rural R sted. he cause(a	1 YES 2 NO	
EXAMINER?  1 YES 2XXNO  27. MANNER OF DEATH  1 XXNstural 5 Pending Investigation 3 Suicide 6 Could not b detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION OF STREET COMMENTS OF STREET COM	28a. DATE OF INJU (Month, Day, 16 per 19 per	RY 28b. Tilk IN. URY — At home, farm, Specify) nowledge, death occurration and/or investigate	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, fectory, o	injury at Work?  YES 2 NO  ffica  late and piece, and dun, death occured at the	6 Other (Sp. 286. DESCRI	BE HOW INJURY OC IN (Street and Number wm, State)  a) and manner as stated in place, and due to t	r or Rural R sted. he cause(a	1 YES 2 NO	



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH	AND MENT	TAL HYGIENE REG. NO.	ting to an interest
	1. DECEDENT'S NAME (First, Middle, Last)		GILCHE	157			YEAR 3. TIME OF DEATH A
(4	4. SOCIAL SECURITY NUMBER  201 30 4180  9e. FACILITY NAME (If not institution, give e	1 M 2 F	O YRS. MONT	NDER 1 YEAR IF UNDER HOURS CITY, TOWN OR LOCATI	MIN.	only, Day, Your) 12-30	BIRTHPLACE (State or Foreign Country)     South Caroling TY OF DEATH
E	Prince George's (	General Hosp	ital	Cheverly		Pri	nce George's
DIREC	-10a. STATE 10b. COUNTY	Υ		ington, DC	SE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER			10f. ZIP COD	0032		EN OF WHAT COUNTRY?
BY FUNER	1510 Butler St.  11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		F HISPANIC ORI n, Maxican, Puer	GIN? (Specify Yes or No	SA  14. RACE — American Indian, Black, White, etc.  Specity: Black
ETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUA (Give kind of work d	one during most of working	ng 1	I6b. KIND OF BUSINESS/INDU	
COMPLE	5th	College (1-4 or 5+)	Domestic	ia.)		PVT.	
E COI	17. FATHER'S NAME (First, Middle, Lest)  Mackery Nesmit	h		18. MOTI		t, Middle, Maiden Surname) Porchea	
TO BE	19a. INFORMANT'S NAME (Type/Print) Solomon Nesmith		19b. MAILING ADDI 2711 Ki	ness (Street and Number Lner Dr. I	or Rural Route No	imber, City or Town, State, Zip (	Code)
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rame  1 Donation 5 Other (Specify)	ovel from Stale con	PLACEAND DATE OF DIS	POSITION (Name of	D	ATE 20c. LOCATION — C	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRES	S OF FACILITY		Funeral Home
CERTIFICATION	disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE OF):  A CONSEQUENCE OF):	valory	arion	ed clarific arre	Onset and Death
MEDICAL	PART II. Other significant condition	a contributing to deeth b	out not resulting in the	underlying causa g	lven in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ОТН	IER:	EATH (Check only		
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 PER/Outp	28b. TIME OF INJURY	Nursing Home 5 Ra  28c, INJURY AT WORK?  1 YES 2	28d, D	her (Specify) ESCRIBE HOW INJURY OCCU	RED
ETED E	3 Suicida 6 Could not be detarrolried	26a. PLACE OF INJURY building, alc. (Spec	— Al home, farm, streal,	factory, offica	28f. LC	OCATION (Street and Number of try or Town, State)	Rural Route Number,
COMPLI	2 MEDICAL EXAMINE	R: On the basis of exemination	ledge, death occurred at ti n and/or investigation, in n	ns time, data and place, ny opinion, death occur	and due to the c	ause(s) and manner as atated its and place, and due to the	I. cause(s) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	un m	3	29c. LICE 2	NSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	TONET.	no po	uses m	0 20777
	SEP 17 91	32. REGISTRAR'S SIGN		11007 16	N DIC	- respire	00/1



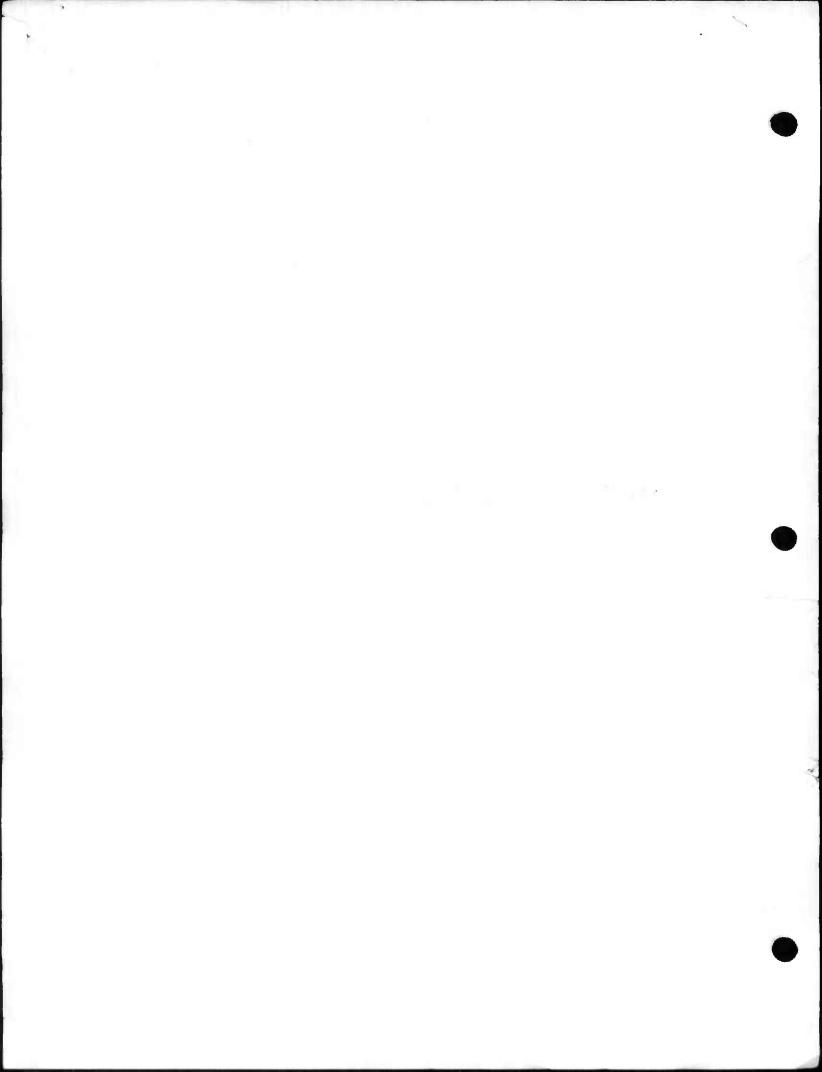
	1. DECEDENT'S NAME (First, Middle, Las			2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER	AGNES MARIE	(In yrs. lest birthday)				P 12 19		4:00
1	157-03-7590	1 M 2 J.F		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE Of (Month, I	Day, Year)	Cour	
1	9e. FACILITY NAME (If not institution, giv	X	75 YAS.	ap CITY TOWN	OR LOCATION OF DE		4 1915		NEW JERSE
R						EATH		COUNTY OF	
CTO	NATIONAL NAVA				ETHESDA			MONTGO	OMERY
DIRE	10a. STATE 10b. COUP			TY, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYTAND PR	RINCE GEORGE'S			HILLS				1X YES 2
FUNERAL	The second secon			10	H. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
ON	5604 HOLTON LA	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	2074 CENOENT OF HISPAN		Constitution or No		D STATES
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yee, sp	pecify Cuben, Mexica 3 2 00 NO Specify	n, Puerto Ric	an, atc.)	Blac	CE — American Indick, White, etc.
) BY	3 Widowed 4 Divorced				2 Mil HO ODOON	γ.		Spe	WHITE
TED	15. DECEDENT'S Et (Specify only highest gra	DUCATION ade completed)	Give kind of a	USUAL OCCUPATE	ON ost of working	16b. K	ND OF BUSINESS	S/INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IM. Do NOT us	se retired.)					
COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		SUPPLY	CATALOGE	V		U.S.G		
_		CADDNED			18. MOTHER'S NA			ne)	
BE	19a. INFORMANT'S NAME (Type/Print)	IS GARDNER	19h MAILING	ADDRESS /Street	and Number or Rural I		MURPHY	* 2.41	
5	ROBERT G. GARRI	NCER			LANE, TE				71.0
	20g METHOD OF DISPOSITION	206	. PLACE AND DATE	OF DISPOSITION (No	ame of	DATE	20c. LOCATION		
	1 X Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	emoval from State	asurrect	ther place)	etery 9/1	7/91	Clinto		
	21. SIGNATURE OF THERAL SERVICE	LICENSEE	1	22. NAME AL	ND ADDRESS OF FA	CILITY			
	· Ofene to	Kalasy	V.	Georg	e P. Kal Oxon Hil	as Fur	neral Ho	ome	ld. 20745
		a. List only one cause on e	ech Ilna.	not enter the mo	oda of dying, suci	h ss cardle	or reepiratory	arrest,	interval B
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTA	TIC CARC	INOMA	da of dying, suci	h ss cardle	or reepiratory	y arrest,	Approxim Interval B Onset and
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. METASTA  DUE TO (OR AS A  OUE TO (OR AS A	TIC CARC	INOMA	da of dying, suci	h ss cardle	or reepiratory	/ arrest,	interval B
CERTIFI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF	INOMA  F):  F):					interval B Onset and
AL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF	INOMA  F):  F):			WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FI
AL CERTIFI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF	INOMA  F):  F):		Part i. 24	4. WAS AN AUTOP	PSY 248	Onset and
MEDICAL CERTIFI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF	INOMA  F):  F):		Part i. 24	e. WAS AN AUTOP PERFORMED?	PSY 248	b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION DE
AN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST  PART II. Other significent conditions.	a. METASTA' DUE TO (OR AS A  C. DUE TO (OR AS A  d. One contributing to death b	TIC CARC A CONSEQUENCE OF	INOMA  F):  F):  in the underlying	g cause given in	Part i. 24	e. WAS AN AUTOP PERFORMED?	PSY 248	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
SICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF A CONSEQUENCE OF	INOMA  F):  F):  in the underlying  28. PL  OTHER:	g cause given in	Part i. 24	a. WAS AN AUTOP PERFORMED?	PSY 248	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
YSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	a. METASTA'  DUE TO (OR AS A  C. DUE TO (OR AS A  d. One contributing to death b  HOSPITAL: 1 Cympetient 2 □ ER/Outp	TIC CARC  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  Put not resulting I	INOMA  F):  F):  In the underlying  28. PL  OTHER:  OTHER:  A □ Nursing Hom  E OF □ 28c. INJ	g cause given in  _ACE OF DEATH (Che  to 5 □ Residence  URY AT	Part i. 24	a. WAS AN AUTOP PERFORMED?	PSY 241	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a. METASTA' DUE TO (OR AS A  OUE TO (OR AS A  C. DUE TO (OR AS A  d.  One contributing to death b  HOSPITAL: 1 Sympetient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)	TIC CARC A CONSEQUENCE OF A CONSEQUENCE OF DUIT NOT resulting i	INOMA F): F): In the underlying  28. Pt. OTHER: 4   Nursing Hom BE OF 28c. INJ. WO 1   N	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RKY (ES 2   NO	Part i. 24	a. WAS AN AUTOP PERFORMED?	PSY 241	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF GEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	B. METASTA' DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. One contributing to death b  HOSPITAL: 1 Cympetient 2 CEP/Outp  28e. DATE OF INJURY (Month, Day, Year)	TIC CARC A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF BUT NOT reculting i	INOMA F): F): In the underlying  28. Pt. OTHER: 4   Nursing Hom BE OF 28c. INJ. WO 1   N	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RKY (ES 2   NO	Part i. 24 11 12 12 12 13 14 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	a. WAS AN AUTOP PERFORMED?	OCCUREO	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OCENTY
ETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are sufficient conditions. If the property of the property	a. METASTA'  DUE TO (OR AS A  OUE TO (OR AS A  C. DUE TO (OR AS A  d. One contributing to death b  HOSPITAL:  1 Chapetient 2 ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, stc. (Spec	TIC CARC A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Put not reculting i	INOMA  F):  F):  In the underlying  28. PL  OTHER: 4   Nursing Hom  E OF URY WO 1   1	g cause given in  ACE OF DEATH (Che  5	Part i. 24 11 12 15 16 only one) 16 Other (S 28d. DESCR	a. WAS AN AUTOP PERFORMED?  YES 2 NO Decity)  BE HOW INJURY ON (Street and Num own, State)	OCCUREO  OCCUREO	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OCENTY
PLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in deeth) LAST  PART II. Other significent conditions and investigations are significent conditions. If yes 2 No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation of conditions. Pending investigation of conditions. In the conditions of the conditions of the conditions of the conditions of the conditions of the conditions. It is not conditions of the condit	a. METASTA'  DUE TO (OR AS A  OUE TO (OR AS A  C. DUE TO (OR AS A  d. One contributing to death b  HOSPITAL:  1 Cympetient 2 ER/Outp  28e. DATE OF INJURY  (Month, Day, Year)	TIC CARC A CONSEQUENCE OF A CONSEQUENCE	INOMA  F):  F):  In the underlying  28. Pt.  OTHER: 4   Nursing Hom BOF URY M   1   1   1    street, factory, office  ad at the time, data	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RK? (FS 2   NO	Part i. 24 11 26ck only one) 6  Other (S 26d. DESCR 28t. LOCATic City or 3	a. WAS AN AUTOP PERFORMED?  YES 2 NO Decity)  BE HOW INJURY  ON (Street and Number), State)	OCCUREO  ober or Rural i	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OEATH? t YES 2 X
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in deeth) LAST  PART II. Other significent conditions and investigations are significent conditions. If yes 2 No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation of conditions. Pending investigation of conditions. In the conditions of the conditions of the conditions of the conditions of the conditions of the conditions. It is not conditions of the condit	a. METASTA' DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A	TIC CARC A CONSEQUENCE OF A CONSEQUENCE	INOMA  F):  F):  In the underlying  28. Pt.  OTHER: 4   Nursing Hom BOF URY M   1   1   1    street, factory, office  ad at the time, data	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RK? (FS 2   NO	Part I. 24 11 12 12 11 12 11 12 11 11 12 12 13 11 12 13 14 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	a. WAS AN AUTOP PERFORMED?  YES 2 NO Decity)  BE HOW INJURY  ON (Street and Num own, State)	OCCUREO  ober or Aural  stated.	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OEATH? t YES 2 X
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions are sulting in deeth) LAST  PART II. Other significent conditions are sulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation and suicide a Could not be determined.  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	a. METASTA'  DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A	TIC CARC  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  Detient 3 □ DOA  28b. TIMI 1NJ	INOMA  F):  F):  In the underlying  28. PL  OTHER:  OTHER:  WO  1   1   1   1   1   1   1   1   1   1	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RK? YES 2   NO e  and place, and due	Part I. 24 11 12 12 11 12 11 12 11 11 12 12 13 11 12 13 14 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	a. WAS AN AUTOP PERFORMED?  YES 2 NO Decity)  BE HOW INJURY  ON (Street and Number). State)	OCCUREO  occurreo  b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OEATH?  1 YES 2 [X]  Route Number;	
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation investigation determined  29. CERTIFIER (Check only 1 CERTIFVING PHY One)  2 MEDICAL EXAMIN	a. METASTA'  DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A	TIC CARC  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  Detient 3 □ DOA  28b. TIMI 1NJ	INOMA  F):  F):  In the underlying  28. Pt.  OTHER: 4   Nursing Hom E OF 26c. INJ UNY M 1   1	g cause given in  ACE OF DEATH (Che to 5   Residence URY AT RK? YES 2   NO e  and place, and due	Part i. 24  11  12  12  12  11  12  13  14  15  16  17  17  17  18  18  18  19  19  10  10  10  10  10  10  10  10	a. WAS AN AUTOP PERFORMED?  YES 2 NO Decity)  BE HOW INJURY  ON (Street and Number, State)  a) and manner as at place, and due to  MEDICA  MEDICA	OCCUREO  OCCUREO  Mober or Rural  Stated.  Ito the cause(in)  DATE SIGNED  AL CEN	b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF OF OEATH? t YES 2 [X]

TO BE COMPLETED BY FUNERAL DIRECTOR

e hos	detache		Duce.
by th	9		at a
retained	Should		otified
be /	age 5		be n
Em S	tor, p		nst
age (	direc		EL Ja
death. P	funeral		examin
after	y the	THOMAS	ca
SUPC	li b	or rer	nedi
24 11	filled	30U. C	the r
ithin	letely	emai	mt,
ted w	duod	al, C	eve
DOBCE	and	OPIN C	natic
90	iclan	101	Trant
ificate	phys	d euc	her
cert	nging	Š	10 J
death	atte	euta	7
t the	by the	NG NG	Ē
s that	ned t	a w	amy
require	een sig	of Hea	shows
AM.	as D	Dept.	23
The	ate	tate	Te I
CIAN	ertific	the S	10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
NDI	R: Af	er de	90
ATT	ECTO	rs aft	п 28
L OR	, DIR	Pon	Her
SPITA	ERA	in 72	E II
5	F	1 with	RIAN
HIGH	HIGH	e file	MPO
E	-	Ā	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMI			MENTAL HYGIEN		20724
DECEDENT'S NAME (First, Middle, Last)	12.5.574	Mary C. Gro		ZEATT	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG			IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
577 28 3112	1 🗆 M 2 💂 F	85 YRS. MONT	THS DAYS	HOURE MIN.	(Month, Day, Year) Oct. 25 19		Country) Pennsylvania
,9a. FACILITY NAME (If not Institution, give st	reet and number)		CITY, TOWN OR	LOCATION OF DE		9c. COUNTY	
Seventh Day Adven-	tist Nursin	g/Rehabilit	ation (	Center		    Montgo	mery
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATIO	)N			10d. INSIDE CITY
Maryland Prince	e Georges	Bowie					UMITS? 1√XYES 2 □ NO
10e. STREET AND NUMBER	c deorges	DOWLE	101, 2	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
12808 Brunswick	Lane			20715		Unite	ed States
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YE			Ify Cuban, Mexica NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:
3 Wildowed 4 Divorced		No			No		White
15. DECEOENT'S EOUC (Specify only highest grade		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	AL OCCUPATION	of working	16b. KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use reti	ired.)	*			
	2	Homemake	r		I	lome	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
John Henry Bord	ner				rtha Deck		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	DRESS (Street and	d Number or Rural I	Route Number, City or Tow	n, State, Zip Co	de)
Phyllis Lohr					Bowie Mary	land 2	20715
20a. METHOD OF DISPOSITION  1) Remarks and Donation 5 Control Other (Specify)	oval from State	other place) Fort Lincol					or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Tort Erneor	22. NAME AND	ADDRESS OF FA	CILITY	IILWOOd	Maryland
* Robert E.	Evans.	Tres.			Funeral Ho	_	A. rvland 20715
23. PART I. Enter the diseases, or o							, Approximate
shock, or heart failure.	List only one cause on	each line.					Interval Between Onset and Death
disease or condition	RIAL	natores	10	· lund			
resulting in death)	OUE TO (OR A	A CONSEQUENCE OF):	- gra	Cu v	1		
	met	testutio	1 0 m	dam	ilical.	cara	enemal
Sequentially list conditions, If sny, lesding to immediate	DUE TO (OR A	A CONSEQUENCE OF):					
csuse. Enter UNDERLYING	anen	nea					
CAUSE (Diseese or Injury that initiated events	OUE TO (OR A	S A CONSEQUENCE OF):	1	4		1	
resulting in death) LAST	d. Cen	gestere	her	ent /	acture	<u> </u>	
PART II. Other aignificent condition	s contributing to deat	but not requiting in th	ne underlying	cause given in	Part I. 24s. WAS AN	LAUTTOPSV	24b, WERE AUTOPSY FINDINGS
		. Dat not resulting in the	io diluditying	onder given in	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES :	NO 🗌 S	OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL/	CE OF OEATH (Ch	eck only one)		
1 YES 2 NO	1 Inpatient 2 ER/0	-			6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Yea		WOR	IK?	28d. DEŞCRIBE HOW	INJURY OCCUR	NED
2 Accident Investigation				S 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, street pecify)	t, factory, office		28f. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kr	owledge, death occurred at	t the time, date a	and place, and due	to the cause(a) and ma	nner as stated.	
one) —	R: On the basis of axamina	tion and/or investigation, in	n my opinion, de	eth occured at the	time, data and place, a	nd due to the c	ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIES	R			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
m	maw	MD		1211	279	D 0	17.91
30. NAME AND ADDRESS OF PERSON WH	0	/	nt)	4-11-	7		
M S NO W /	NO 9013	FLOWER	2 AVE	- POB	x3669	SILV	MER SPRING Md 209B
SEP 20 91	Julia David	son-Randell					1100 20715



	1. DECEDENT'S NAME (First, Mid	MES	Huo	lgin	5				2. DA	TE OF DEATH	AY 6	YEAR
1	4. SOCIAL SECURITY NUMBER 243-38-637	9	5. SEX		yrs. last birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER 24 HR	i. (Mo	E OF BIRTH onth, Day, Year)	930	8. BIRTHPLACE
1	9a. FACILITY NAME (If not institute				Thu.	96. CIT	Y. TOWN O	OR LOCATION OF		-31-	7	Willia
TOR	Doctor's Comm		y Hosp	ITAL		Lo	- 1	am			Pri	NCE (
DIRECTOR	10a. STATE 10b	. COUNTY	Essex				OR LOCAT					10d.
	10e. STREET AND NUMBER	دا مار	ey J	tre				ZIP CODE 0711	2		10g. CITIZ	EN OF WHAT OUSA
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merr  3 Widowed 4 Divorced	rled	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS OED	ENDENT OF HIS	PANIC ORIG	ilN? (Specify Ye o Rican, etc.)		14. RACE — An Black, White Specific
8	15. DECEDEN	NT'S EDUCA	TION	16	a. DECEDENT'S	USUAL C	CCUPATIO	DN .		56. KIND OF BU	SINESS /INDI	BI
COMPLET	(Specify only high Elementary/Secondary (0-12)	hest grade ci	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working		DE. KIND OF BO	SINCSS/INDU	JSIRT
NO.	12th	/ neth			Secur	ity	Gue			rmark		tribut
E C		dgin	S						etha	, Middle, Maiden		
00	19a. INFORMANT'S NAME (Type/P				196. МАЦИНО	ADORES	S (Street a					Code)
5	Jeanette	Hud	gins		New	ark	chle	ey Str Iew Je	eet	071	12	
	20a. METHOD OF DISPOSITION 1 General Burlet 2 Generation 3	K_XRemov	al from Stata	cameter	ACE AND DATE		SITION (Na					ity or Town, St
	4 Donation 6 Other (Special Signature of Funeral Ser		NGEE	Per	ry's	Fund	eral	Home	9-	18 Ne	ewark	. N.
	· Quelia	o f	man	sha	ll	lu.	ome,	Inc.	4 W	217	th S	treet
	23. PARO I Enter the disease shock, or heart	ses, or co	mplications the	t caused th	e death. Do	not enter	the mo	de of dying, a	uch aa ca	rdiac or reap	ratory arre	at,
	iMMEDIATE CAUSE (Final disease or condition		MYOCA	RDIAI	INF	ARC	TION					
	resulting in death)		1444									
1			VVC	car	dial	14	fo	not	un			
7			ARTERI	OSCII	od cal	14	ARD:	LOVASC	ULAR	DIS	EASE	
TION	Sequentially list conditions, if any, leading to immediate	C a.	ARTERI	636T3	MERCHENCE P	12	ARD:	IOVASO Olovas	ULAR	Dur	EASE Cafe	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C a.	ART THE DUE TO	OSCLI HOSC (OR AS A CO	CLOT	1 A	ARD:	i ovaso	ULAR	Dug	EASE Cafe	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	C a.	ART THE DUE TO	OSCLI HOSC (OR AS A CO	Terot	1 A	ARD:	ovas Olovas	ULAR	Dig	ease Case	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	ARTERI DUE TO	OR AS A CO	INSEQUENCE OF	1 4 7: C 7: C F):	ARD:	IOVASC Olovad	ULAR	$\mathcal{D}_{ t DIS}$	ease	
LC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	{	ARTERI DUE TO	OR AS A CO	INSEQUENCE OF	1 4 7: C 7: C F):	ARD:	IOVASC Olovad	ULAR	DIS DIS 240. WAS AN	AUTOPSY	24b. WERE
LC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	ARTERI DUE TO	OR AS A CO	INSEQUENCE OF	1 4 7: C 7: C F):	ARD:	IOVASC Olovad	ULAR	24a. WAS AN	AUTOPSY MED?	24b. WERE AMALA COMPI
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	ARTERI DUE TO	OR AS A CO	INSEQUENCE OF	1 4 7: C 7: C F):	ARD:	IOVASC Olovad	ULAR	24e. WAS AN PERFOR	AUTOPSY MED?	COMPI
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or 25. WAS CASE REFERRED TO MEC	b. c. d. onditions	DUE TO	OR AS A CO	INSEQUENCE OF	1 4 7: C 7: C F):	ARD	OVASC	UIAR	24s. WAS AN PERFOR	AUTOPSY MED?	COMPI DF DE
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	b. c. d. Dical	ARTERI DUE TO	ORASACO (OR AS A CO (OR AS A CO	NSEQUENCE OF	P):	ARD:	Cause given	UIAR CUAF	24a. WAS AN PERFOR	AUTOPSY MED?	COMPI DF DE
LC	Sequentially flet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or examiner:  25. Was case referred to mediate the calculation of the calcula	b. c. d. Dical	DUE TO  DUE TO  Contributing to	ORASA CO (OR AS A CO death but r	INSECUENCE OF THE PROPERTY OF	F):  OTHEL  OTHEL  A   Nur  E OF   URY	ARD:	cause given	UIAR CUGF	24a. WAS AN PERFOR	AUTOPSY IMED?	AMRLA COMPI DF DE 1   1
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  25. WAS CASE REFERRED TO MEDIAMINER?  27. MANNER OF DEATH  Netural 5 Pendia	b. c. d. Dical	DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO INJURY) (OR AS A CO	INSECUENCE OF THE PROPERTY OF	F):  OTHEI  OTHE	26. PL. R: sing Home 28c. INJU	cause given	UIAR CUGF In Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	AMALA COMPIDE DE DE DE DE DE DE DE DE DE DE DE DE D
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant content of the cause of the ca	b. c. d. DICAL pring ligation	DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO INJURY) (OR AS A CO	INSECUENCE OF THE PROPERTY OF	F):  OTHEI  OTHE	26. PL. R: sing Home 28c. INJU	Cause given	UIAR CUGIF  In Part I.  Check only of the Sed. DE  26f. LO	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	AMALA COMPIDE DE DE DE DE DE DE DE DE DE DE DE DE D
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  25. WAS CASE REFERRED TO MECE EXAMINER?  10. Netural 5 Pendil Invest 2 Accident 1 Invest 2 Accident 2 Accident 2 Accident 3 Suicide 6 Could determine the cause of the cause	b. c. d. DICAL Plangingstion I not be mined	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  DUE TO  DUE TO	(OR AS A CO (OR AS	INSECUENCE OF THE SECUENCE OF	FI:  OTHER  OTHE	26. PL. R: sing Home 28c. INJU WOI 1   Year	Cause given  ACE OF OEATH	UIAR CUAP  In Part I.  Check only cea 6 Other 28d. DE	24a. WAS AN PERFOR 1 YES 2  one)  or (Specify)  SCRIBE HOW III  CATION (Street a or Town, State)	AUTOPSY MED?  NO  NJURY OCCU	AMALL COMPIDED OF DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant continuous cause. The significant continuous cause	b. c. d. DICAL Plangingstion I not be mined G PHYSICIA	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CO (OR AS	INSECUENCE OF IN	FI:  OTHER  OTHE	26. PL.R: sing Home 28c. INJL WOI 1 Urory, office	Cause given  ACE OF OEATH (  5 G Rasidence  RRY AT  1872  ES 2 NO	UIAR CUAr  In Part I.  Check only cea 6 Other 28d. DE	24a. WAS AN PERFOR 1 YES 2  or (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY MED?  V NO  NJURY OCCU  nd Number or	AMALL COMPIDED OF DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant continuous cause. The significant continuous cause	b. c. d. DICAL ping ligation I not be mined G PHYSICIA  EXAMINER:	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  DUE TO  DUE TO	(OR AS A CO (OR AS	INSECUENCE OF IN	FI:  OTHER  OTHE	26. PL.R: sing Home 28c. INJL WOI 1 Urory, office	Cause given  ACE OF OEATH (  5 G Rasidence  RRY AT  1872  ES 2 NO	UIAR CUAF  In Part I.  Check only of the 28d. DE  26f. LO City  Lue to the cube time, det	24a. WAS AN PERFOR 1 YES 2  or (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY MED?  NJURY OCCU  and Number or  oner as stated d due to the	AMALL COMPIDED OF DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

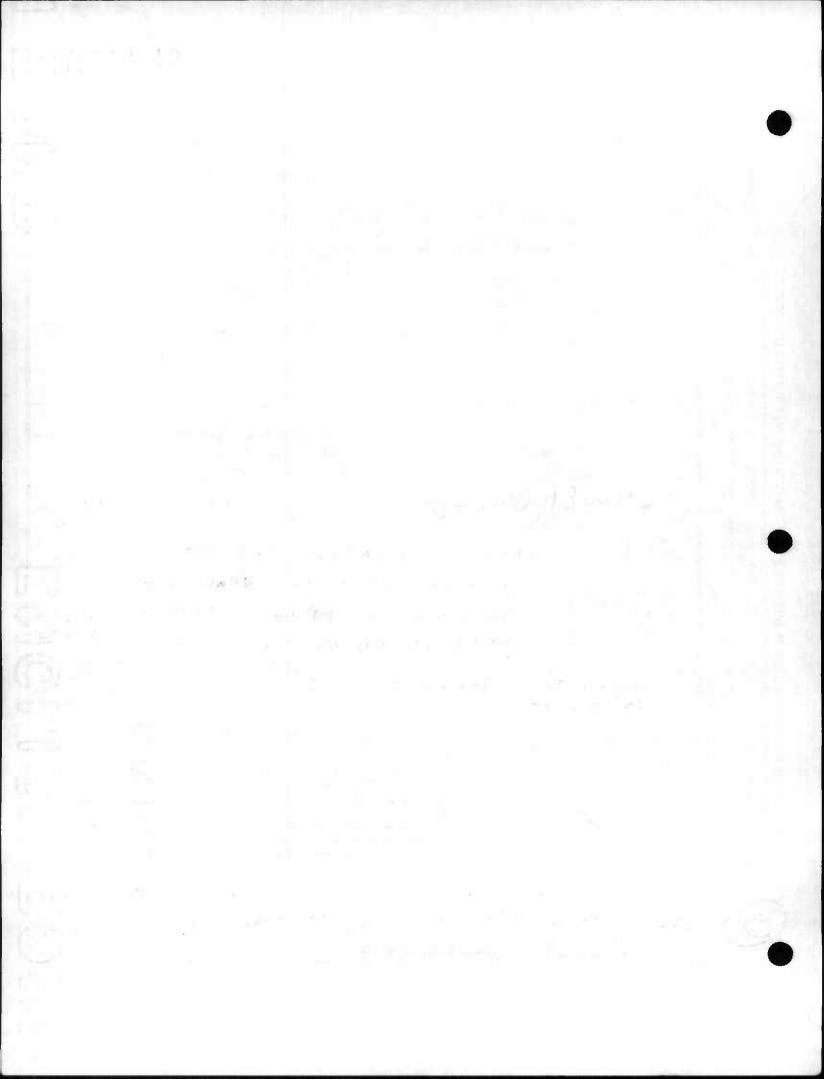
TO THE HOS FOLLOR ATTENDED. THE CAN'I The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE RINGHAL DRECTOR. Ann the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed when the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPERTANT II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ORECTOR And hours after deal them 28 is m	TENDAS PHYSICIAN: The is TICH American certificate has the count with the State De 28 is marked, or Item 2	The law requir ate has been si tate Dept, of He tem 23 show	es that the de gned by the a satth and Mem	ath certificate ttending physical Hygiene pr	be executed ician and con rior to burial, traumatic en	within 24 hours operation, or recommendation, or referent, the med	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp ed by the attending physician and completely filled in by the funeral director, page 5 should be detached th and Memal Hygiene prior to burial, cremation, or removal.  any Injury, or other traumatic event, the medical examiner must be notified at once.	e 6 may be re rector, page 5 must be no	tained by the should be deta tiffied at one	hosp achec
--	---	---	--	--	---	---	--	---	---	---	---------------

REGISTRAR		CERTIFIC	ATE OF	DEATH	MENTAL	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	65		3. TIME OF DEA	ATH
Volma Miriam Dog.	an HOOD_				Sept.	_	1991	YEAR	2:38	A
231 16 0659	1 - M 2 KF		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of			S. BIRTHE	rginia	Foreign
90. FACILITY NAME (If not institution, give  DOCTORS COMMUNIT  PRESIDENCE OF DECEDENT			anham	R LOCATION OF E		1000	9c. COUN	ITY OF DE		5
10a. STATE 10b. COUNT	ince Gen		TOWH OR LOCAT	ARDO	50)				10d. INSIDE CIT LIMITS? 1 YES 2	
10e. STREET AND NUMBER	Street			2080	1				HAT COUNTRY?	7 110
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	13. WAS DEC If yes, spi 1 YES	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci	en, Puerto Ric	(Specify Year cen, etc.)	or No-	14. RACE Black, Specify	American Ind White, etc.	
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+) 4 years	16e. DECEDENT'S US (Give kind of wor life. Do NOT use r	SUAL OCCUPATION & done during most otical C	st of working	16b, K	(IND OF BU	SINESS/IND			
17. FATHER'S NAME (First, Middle, Last)  Charles C. D.	xgan			18. MOTHER'S N.	AME (First, Mic		Surname)			
19a. INFORMANT'S NAME (Type/Print)  O. Alexander Hoo	od			. Glen					706	
20e. METHOD OF DISPOSITION 1	noval from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na Cremato	na of	0ATE 9-1	20c. LO	CATION — (	Olty or Tow	n, State	D D
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA		3. Je	enkin	s Fur	neral H	
disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	CONSEQUENCE OF):	Infa	rokovak	ico la	vDi	; jead	re	M 140	K
PART II. Other significant condition	a. contributing to death be	rt not resulting in t	the underlying	ceuse given in		4a. WAS AN PERFOR	MED?		WERE AUTOPSY F WAILABLE PRIOR COMPLETION OF DF DEATH?	CAUSE
25. WAS CASE REFERRED TO MEDICAL			20. PL	ACE OF DEATH (C)	neck only one)					_
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 K ER/Output		THER:	5 - Residence	6 Other	Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y 28c. INJU	RY AT		RIBE HOW IF	NJURY OCC	URED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, atc. (Speci	At home, ferm, stre-	et, fectory, office		261. LOCAT City or	ION (Street a Town, State)	and Number o	or Rural Ros	ute Number,	
29e. CERTIFIER (Check only one)  1 CERTIFYING PNYS  2 MEDICAL EXAMINE	ICIAN: To the best of my knowle	edge, death occurred a	nt the time, data	and place, and due	to the cause	(s) and men	mer as state	d.	and manner as	ntated
29b. SIGNATURE AND TITLE OF CERTIFIE		ymedical		29c. LICENSE NU	MBER				Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHE	RE MID 42			y Rd		<del>-</del>	1/0	113	2023	,
SEP 17 91	32. REGISTRAR'S SIGNA	TURE	- 47 01	74	11441	-30/	11 ( 1	CEIN	2010	

OHMH-16 Rev 1/89

	-	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO		
	П	. DECEDENT'S NAME (First, Middle, Last)				400	2. DATE OF DEATH	3. TIME OF DEATH	
	L	CLAUDIA			HARRI	S	September		1 12:35 AM M
60	V	579–30–2710	1 🗆 M 2 💢 F	GE (In yrs. lest birthday) 74 YRS.	MONTHS DAY	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 31	,1917 É	ountry) mporia,Virgini
V	8	Presidential Wood		are Center		vn on Location of D attsville	EATH	Princ	e Georges
L. Pages 1,	DIME	0a. STATE 10b. COUNTY	nce Georges		Y, TOWN OR LO		100		10d. INSIDE CITY LIMITS? 17 YES 2 NO
met perm	EHAL	oo. STREET AND NUMBER 12002 Thackeray	y Court			101. ZIP CODE 20720			of what country? d States
5-0020 oding physician. s the buris-transit	i i	1. MARITAL STATUS    Never Married 2   Married     Widowed 4   Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	res 2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 KNO Speci			RACE — American Indian, Black, Whita, etc. Specify: Black
2 4 4 1	E E	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	PATION g most of working	16b, KIND OF BU	SINESS/INDUST	RY
2 10 10 10	4	8th grade		Cook			Food	Servic	es
AND the hospit detached detached	COMPLET	7. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Surneme)	
2 8 E	<u>u</u>	Ernest		Richardson		Mamie			Lynch
man retained 5 should sotified	5 II	9n. INFORMANT'S NAME (Type/Print)					Portion Mon		
1 8 8 P	-	KAPIN Ferguson				· ·	,Bowie, Man		
MORE age 6 may director, pa		String   2   Cremation   3   Rem	oval from State	Richardson	o Famili	y Cemeter	y 9/17/91 i	Emporia	or Town, State , Virginia
BALLIMOR BALLIMOR ter death. Page 6 ma the funeral director, I yal. al examiner must		1, SIGNATURE OF FUNERAL SERVICE LIC	Roleman	D	22. NAM 1313	- 6th Str	Robinson	n's Fun ashingt	eral HOme, Inc. on, D.C. 20001
760, of within 24 hours after of the completely filled in by the cremation, or removerent, the medical		23. PART I. Enter the diseases, or canonic state of the s	CKRN (	on each line.	inati		ch as cardiac or reap	iratory arrest,	Approximate interval Batween Onset and Death
a a a a	ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· KST	AS A CONSEQUENCE O	الما	PMM	Popular	way	17
th certificate ending physical Hygiene por other	EKILLE	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  WHENCE THE PROPERTY OF						MONTH
ORDS that the complete by the the and Me and Me any injur		PART II. Other aignificant condition  DUB STE	55 M	th but not reaulting		lying cause given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 X NO
	Ž								
N: The State I State I Item	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outputted 2 DOS	OTHER:	6. PLACE OF DEATH (C	un 1		
	BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y	JRY 26b, Til	NE OF 280 JURY	Home 5 Residence  INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
SICO TEMBI OR: A SIE SIE SIE	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)	street, factory,	office	26f, LOCATION (Street City or Town, State		Rural Route Number,
田 世代 二	COMPLE	one)	ICIAN: To the best of my ER: On the basis of axami						ruse(s) and menner as stated.
THE Standard	E E	296. SIGNATURE AND TITLE OF CERTIFIE	, h	0		D CO.		≥ O .	GNED (Month, Day, Year)
3			to complete cause of	F DEATH (ITEM 27) (Typ	e, Print)	Aboth	m ho	>	0706
		SEP 16 9	1 32. REGISTRAR'S	SIGNATURE L'DWIDSON-PO	ndell				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO BE COMPLETED BY FUNERAL DIRECTOR

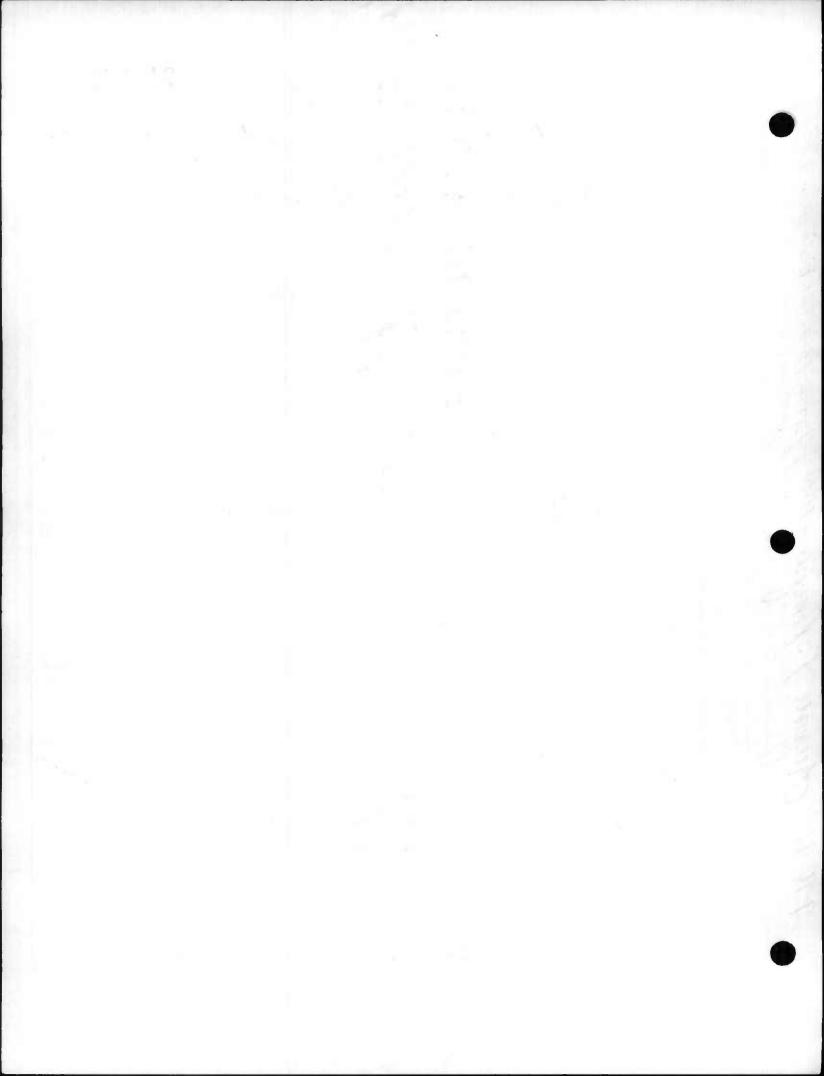
examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DRECTOR AND THE CONTEST TO THE FUNERAL DRECTOR AND THE CONTEST TO THE STATE OF THE PARTY. If I tem 28 is marked, or life

BALTIMORÉ, MARYLAND 21203-3146

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	),	
040 6 1717	4. HOLMES				2. DATE OF OEATH	5 91	3. TIME OF DEATH
222-20-3522	□ M 2 🔀 F	91 YRS. MO	IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morith, Day, Year) 5 / 20 / 0 1	De:	laware
	rial Hos	SOIM4"		DE DO		Prince	George's
Md . IDENTIFY	P.G.		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
# 27 Peppermi	ill Dr.			20743			WHAT COUNTRY?
. MARITAL STATUS  Never Married 2 Married  Widowed 4 Otvorced	FORCES? 1 YES	2 XNO	If yes, spe	CENDENT OF HISPAI sectly Cuban, Mexica is 2 1 NO Spect	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	Bla	CE - American Indian, ock, White, etc.
	ION npleted) Cotlege (1-4 or 5+)	life. Do NOT use re	rk done during mo- retired.)	ON list of working		USINESS/INDUSTRY	
6th FATHER'S NAME (First, Middle, Last)		Homema	ker	16. MOTHER'S NA	OWN	Home Surname)	
William T.	Maull				lie A. B		
ynthia Holmes				and Number or Rural 10 abov	Route Number, City or Tov	vn, State, Zip Code)	
a. METHOO OF DISPOSITION  Burial 2 Cremetion 3 Removal  Donation 5 Other (Specify)	from State		TION (Name of cen	metery, crematory of	721/9 20c. LO	ocation — city or	
SIGNATURE OF FUNERAL SERVICE LICENS		7	22. NAME AN	ND ADDRESS OF FA			
equentially list conditions, amy, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events southing in death) LAST	DUE TO (OR AS A Renal OUE TO (OR AS A T NEC		lure	- lij	o Prost	besis	
PART II. Other algorificent conditions of Draleter	contributing to death be Mel	but not resulting in		g ceuse given in	Pert I. 24a. WAS AI PERFO	ORMED?	4b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
	IOSPITAL:		OTHER:	LACE OF OEATH (C			
1 YES 2 NO 10	Inpatient 2 - ER/Outp	patient 3 DOA 4	4 Nursing Hom	JURY AT	5 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUREO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	RY WO	ORK?  YES 2 NO	200. 509	Brown	
2 Accident 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — Al home, farm, stre	eet, factory, offic	20	251. LOCATION (Street City or Town, State		al Route Number,
9e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0	N: To the best of my know						o(a) and manner as state
96. SIGNATURE AND TITLE OF CERTIFIER	i My			29c. LICENSE NU	MBER 2675	29d. DATE SIGNI	ED (Month, Day, Year)
RAJENDRESS OF PERSON WHO CO	J.RIPA-	EATH (ITEM 27) (Type, PI	15320	SSEN	2675 CERVILLI	E, CT, #	+102
SEP 20 91	32. REGISTRAR'S SIGN	NATURE		<i>V</i> ~ .			



permit		
burial-transit		
as the		
e as		
N 105		
50		
detache		t once.
8		ĕ
should be d		er must be notified a
8		6
pa		4
irector, pa		r mus
funeral d		the medical examiner
<b>a</b>	Deval	9 6
d in by the fu	rem	å
2	00	Ē
y fill	rtion,	the
ese	еше	Ħ,
dillo	J. C.	eve
nd completely	ouria	iic
n a	9	Ē
ysician ar	Drior	er traumati
=	ne p	her
attending p	ygie	ry, or othe
tenc	E I	0
Ħ	E C	خے

											91	26	929
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		OL.		IOAII		DLA		2 DATE	OF DEATH		3.3	IME OF DEATH
		IDREW H	HEFNER	ė:					09	H DA		FAR	40 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLA	CE (State or Foreign
1	220-12-5445	1 M 2 D F	64	YRS.	MONTHS	DAY8	HOURS	MIN.	02	1 0 1		Country)	land
1)	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUNTY	OF DEATH	1
/E	EGEO Cornetack	Pood			Ma	rio	n S	tati	OD		Som	erse	o <del>†</del>
DIRECTOR	5950 Cornstack	NUau			IVIC	1110	11 5	tati	.011		3011	C13	
I III	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d	. INSIDE CITY
1 %	Marvland Som	nerset			dar i	OD	Sta	tior	)			1.5	YES 2 NO
	10e, STREET AND NUMBER	leiset			nai i		. ZIP COO				10g. CITIZEN		
FUNERAL	MAINTEN PARTIES	_					TIC TAP	7.					
	5950 Cornstack	Road					218					I.S.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT (	OF HISPAN	IC ORIGII	N? (Specify Yea Rican, etc.)	or No- 14.	RACE - /	American Indian, ilta, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W						Specify		, , , , , ,		Specify:	
	3 Widowed 4 Divorced	Wor	d Was	- 11								Whi	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	16a. DEG	CEDENT'S	USUAL O	CCUPATIO	ON et of world	na	168	. KIND OF BUS	SINESS/INDUS	TRY	
L	Elementary/Secondary (0-12)	College (1-4 or 5	- Min	Do NOT us	e retired.)	ourng mo	St OF WORK	150					
리	10			Maso	าท				B	lnck	Laver	/Cor	nstructio
S	17. FATHER'S NAME (First, Middle, Last)			1145	311		18. MOT	HER'S NA	-	Middle, Maiden		,	
	The state of the s						11111111111			dered			
믦	Elmer Andrew H	erner											
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			
	Katherine C. F	lefner	5	950	Cor	nst	ack	Roa	ad,	Mario	n Sta	tion	n,21838
	20a. METHOD OF DISPOSITION 1 Burial 2 Toronation 3 Rame		20b. PLACE (	OF DISPO	SITION (N	ame of cer	netery, cre-	matory or		20c, LO	CATION — City	or Town,	Stata
	4 Donation 5 Other (Specify)	oval from State	Other pie		lich	ury				Sal	isbur	v. 1	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	^	<u> </u>	22.	NAME AN	ND ADDRE	SS OF FA	CILITY			7 7 .	
	- ( )		/)			linm	an	Fune	eral	Home			
									Approximate				
	shock, or heart failure.	List only Dna cat	use on aach lina	•									Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	LANGE	0 11 0			10		10	.01	. 11			Ontar and Death
	resulting in death)	. MALI	STNA	MI	7	10	NIN	4	INF	11			-
		DOE 10	(OR AS A CONSEC	DENCE O	r):								
Z	Sequentielly list conditions,	b											
ERTIFICATION	If any, leading to immediata	DUE TO	(OR AS A CONSEC	PUENCE O	F):								
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	с											
드	thet initiated events	DUE TO	(OR AS A CONSEC	QUENCE O	F):								
E	resulting in death) LAST	d.											
5													
4	PART II. Other aignificant condition	s contributing to	death but not n	esuiting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS IILABLE PRIOR TO
MEDICAL										1 TYES 2		CO	MPLETION OF CAUSE
묘									_				DEATH?
												1	TES 2 NO
Z													
15	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only o	ne)			
S	1 TYES 2 NO		ER/Outpatient 3	□ DOA			10 5 🗆 R	asidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	26b. TIA	IE OF	28c. INJ	PURY AT		28d. DE	SCRIBE HOW I	NJURY OCCUP	NED .	
	1 Netural 5 Pending Investigation	(Moran, L	yey, roary	"	M		YES 2	NO					
B	a C a state	28e. PLACE C	OF INJURY At ho	me, farm,	street, fac	tory, offic	:a		28f. LO	CATION (Street	and Number or	Rural Route	Number,
	4 Homicide 6 Could not be determined	building,	etc. (Specify)						C/ty	or Town, State)			
ETED													
COMPL	CONSTRUCTION OF THE PARTY OF TH	CIAN: To the best of											
õ	one) 2 MEDICAL EXAMINE	R: On the basis of s	xamination and/or i	Investigati	on, In my	opinion, c	death occu	red at the	time, dat	a and place, ar	nd due to the o	ause(s) an	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES	n/	_				29c_LIC	ENSE NU	MBER		29d. DATE S	IGNED (Mo	ntif Day, Year)
핆	FC. San	han	m D				1	7	556		D 9	117	lai
0	10 -		ISE OF OFATH (ITE						-36		/	-//	71

8th

100

32. REGISTRAR'S SIGNATURE

June Davidson Mindell

Street, Pocomke City,

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J.G. Santiano M.D.

100 8th

DHMH-16 Rev 1/89

Md.

n

	1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN TE OF DEATH	D MENTA	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE	E OF DEATH			E OF DEATH
	LOUISE POWEI					ept. 2		1	2130
	4. SOCIAL SECURITY NUMBER		MONT	DER 1 YEAR   IF UNDER 24 HE	44.4	OF BIRTH th, Day, Year)	8.	BIRTHPLACE Country)	(State or Foreign
	217-05-5117 90. FACILITY NAME (If not institution,	1 M 2 F 90		ITY, TOWN OR LOCATION O	05-	-07-01	9c. COUNTY	Maryl	and
TE.	St. Mary's H			eonardtown	PDEATH			Mary	¹s
12		DUNTY	10c. CITY, TOW	N OR LOCATION					SIDE CITY
DIRE	Maryland St	. Marys	Leona	rdtown					MIDET
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN	OF WHAT C	
Ä	Cedar Lane A			20651				U.S.	
	11. MARITAL STATUS  1 Newbr Married 2 Married	12. WAS OECEDENT EVER IN U. FORCES? 1 YES 2	2 NO	<ol> <li>WAS DECENDENT OF HIS If yes, specify Cuben, Ma</li> </ol>	xicen, Puerto	N? (Specify Yes o Rican, etc.)	r No- 14.	RACE - Am- Block, White	erican Indian, , atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	s	1 TYES 2 NO SE	ecity:		101	Specify:	
0	15. DECEDENT'S (Specify only highest	EDUCATION 18	e. DECEDENT'S USUAL	OCCUPATION	160	b. KIND OF BUSI			
LETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	ne during most of working d.)					
COMPL	10		Housew						
	17. FATHER'S NAME (First, Middle, Las	*				Middle, Maiden St	imame)		
BE	William H.	Powell	Lan was ma com		a Pus				
2	Walter Mile			wood, Mar				de)	
	200. METHOD OF DISPOSITION	20h BI	ACE AND DATE OF DISE		y I a II U		_	or Town, Stat	
	1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State cameter	ry, crematory or other pla						
	21, SIGNATURE OF FUNERAL SERVICE			2. NAME AND AGORESS OF	FACILITY		Ann	e, Mo	
	* ()	11. 1) NO		Hinman Fu					
	23. PART / Enter the disessee	, or complications that caused th	e death. Do not en	Princess /	HITTE .	diec or respira	tory strest.		approximate
	IMMEDIATE CAUSE (Finel	ure. List only one cause on each	ilne.					- 10	nterval Between
	disesse or condition resulting in death)	Carelio	xides.	xtory .	922	cst.		į	
		DUE TO (OR AS A CO							
ON	Sequentially list conditions,	DUE TO (OR AS A CO	Mesous of or						
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CO	NSEODENCE OF):						
F	CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS A CO	INSEQUENCE OF):					<del>-</del>	
ERT	resulting in death) LAST	d							
2	PART II. Other significant cond	litions contributing to death but r	not resulting in the	underlying course stress	In Post I				
8	Briate			underlying cause given	in Part I.	24s. WAS AN AL PERFORM		AMILA	SUTOPSY FINDINGS
EDIC		tic Keto		~ ~		1   YES 2	NO	OF OEA	ETION DF CAUSE
J: ME			or gitalis		7		- 1	1 🗆 Y	ES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDIC	AL	777	28. PLACE OF OEATH		ne)			
YSICI/	EXAMINER?	HOSPITAL: 1	nt 3 DOA 4 D						
ву рну	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?		SCRIBE HOW INJ	URY OCCURE	ED	
BY	1 Natural 5 Pending 2 Accident Investiga		M	1 YES 2 NO					
ED	3 Suicide 8 Could no		At home, term, street, t	actory, office	28f. LOC	ATION (Street and or Town, State)	Number or R	lural Route Nu	mber,
		ed .				1 2 2 2 2 7 7			
MPLET	(Check only one)	PHYSICIAN: To the best of my knowledg	e, death occurred at th	time, data and place, and	dua to the car	use(s) and menne	or as stated.		
00	2 MEDICAL EXA	MINER: On the basis of examination an	d/or investigation, in m	y opinion, death occured at	the time, date	and place, and	due to the ca	use(s) and m	anner as stated.
O BE CON	29b. SIGNATURE AND TITLE OF CER	TIFIER LINELA		29c. LICENSE	NUMBER	2	9d. OATE SIC	GNEO (Month,	Day, Year)
2	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH	J				- 0	7/2	2191
7	KIRAN	D. MEH.	(TEM 27) (Type, Print)	hant M	edic	-1 (0	NHN	/	1
	31. DATE FILEO MONTH, Day, Near 9	32. REGUTRAR'S SIGNATU	RE Duland		Le	ONAY	170	west	mo
	JU 2 7 3	- Januar Francisco	and frame						

Surviva Sail De

	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3, 3 bd within 72 hours after death with the State Dept, of Health and Merrial Hygiene prior to burial, cremation, or removal.	DRTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tra

	FOR 1 - STATE	STATE OF N	MARYLAND /		TMENT ICATE				MEN'		IE	26	931	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	HIII	ICATE	UF	DEA	In	1 2 0	REG. NO	١.		3. TIME OF D	EATH
	DANIEL PHILLI		R							HTH E		YEAR	100	0 P M
į	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		TE OF BIRTH	1991		PLACE (State of	
	562-42-1001	<b>XX</b> M 2 □ F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	DC'	ionth, Day, Year)	931	Countr		
	90. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN (	R LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH	
5	63 TULIP POPI	ULAR LAN	E		CON	MOI	INGC	)			CE	CIL		
i i	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATI						ION						10d. INSIDE	CITY
5	MARYLAND CE		CO	NOWI								1 TYES Z	X NO	
	100. STREET AND NUMBER  63 TULIP POPU	F.			101	zip cot	918				SA	WHAT COUNTR	77	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	AED	13. 1	MAS DEC	ENDENT	OF HISPA	NIC OR	IGIN? (Specify Ye		14. RACI	E — American	Indien,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	0	- 1	yes, sp	A A Wo	en, Mexic Speci	en, Pue lly:	rto Rican, etc.)	72.5	Speci	k, White, etc. <sup>//y:</sup> WH]	TTE.
j	15. DECEDENT'S ED	1			USUAL OC	CUPATIO	ON .			16b. KIND OF BU	SINESS/IN	DUSTRY	,,,,,	
	(Specify only highest grad Elementary/Secondery (0-12)		(GA	ve kind of	work done o	luring mo	st of work	ing			0111200111			
	UNKNOWN		T	RUCI	K DR	IVE	R			TRUC	CKIN	G		
3	17. FATHER'S NAME (First, Middle, Last)  DAVID HUNTER									st, Middle, Melder				
מנו	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street				REGIN			R	
2	KATHY LYNN GR	IFFITH								NE, CO			, MD	21918
	20e. METHOD OF DISPOSITION 11. Burlal 2 Cremation 3 Ret 2 Department 5 Other (Specify)	noval from State	20b. PLACE C	OF DISPO	SITION (Na	me of ce	metery, cre	matory or		20c. L	OCATION -	City or To	own, State	
	21. SIGNATURE OF PUNERAL SERVICE L		GIVER.	T AL				ESS OF F			OLI	, PA	7	
	<b>I</b>		/							NERAL	HOM	E		
	23. PART I. Enter the disputes, or	-1/	-							RYLANI				ximate
NOTION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSECU- OR AS A CONSECU- OR AS A CONSECU- JO AS A CONSECU-		fac order hear	hy io m	carr y of dis	Patri esi	ly					al Between end Deeth
	resulting in death) LAST	d	atheros	cler	sois									
2	PART II. Other eignificent condition	one contributing to	death but not re	esulting	in the un	derlyin	g Couse	given i	n Part	24a, WAS A	N AUTOPSY	248	b. WERE AUTOP	SY FINDINGS
AN. MEDICA	25. WAS CASE REFERRED TO MEDICAL								_	t TYES	AMED?		AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!	<b>1</b> :		DEATH (C		Other (Specify)				
DI PHISICIAN.	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, L	INJURY	26b. TIR		28c. IN	JURY AT DRK? YES 2			DESCRIBE HOW	INJURY O	CCURED		
MPLEIEU	3 Suicide 6 Could not b	28e. PLACE ( building,	OF INJURY — At hos, etc. (Specify)	me, ferm,	street, fact	lory, offi	:0			LOCATION (Stree City or Town, Stat		er or Rural	Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMII												(s) and manner	ee stated.
0 000		usa 00.						CENSE N		74	29d. DA	9/18	(Month, Day,	Year)
-	30. NAME AND ADDRESS OF PERSON W	CANOSA	ISE OF DEATH (ITEM		e, Prine) Shil	e	DR		LAN	ICASTEI	2	PA	1760,	/
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE											
	401,0	70,000	A 1 10001 1			_								

	-	
	be	
	must	
	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r	
eath with the state Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	nedicai	
'n.	9	I
Jatic	\$	I
Cren	vent	
IL S	2	
20	nat	
20	and	
ĕ	=	Į
удиеле	othe	
I	0	ı
Menta	jury,	ı
Du	=	ı
	3	I
Mea	W.S	J
0	sho	I
Dept.	23	1
State	item	
the	10	Ì
WIE	rked,	Į
eam	E	

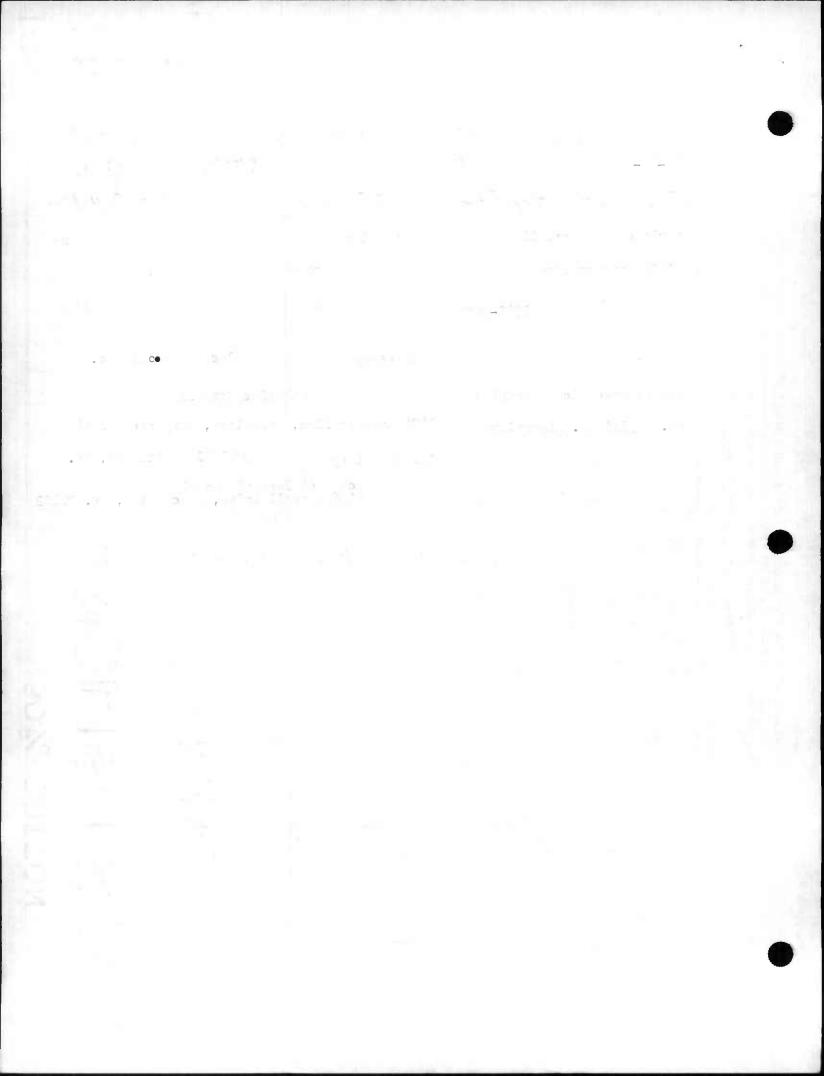
9	1-5488-0	15					91 2	6932		
FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART	MENT OF CATE O	HEALTH AND F DEATH	MENTAL HYGIEN	NE .	0 3 0 %		
1. DECEDENT'S NAME (First, Middle, Last) SHARON		INE		HARRI	GAN	2. DATE OF DEATH MONTH C	0 1991	3. TIME OF DEATH 9:13P		
217 60 0310	. SOCIAL SECURITY NUMBER 5. SEX 6. AGG 217 60 0310 1 □ M 2 ₹ F			IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 13 19	Cor	ATHPLACE (State or Foreign untry) ATYLAND		
90. FACILITY NAME (If not institution, give str ROUTE 40 EAST	BOUND E	LKTON			OR LOCATION OF I	DEATH	9c. COUNTY OF	ECIL		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	RESIDENCE OF DECEDENT					-		10d. INSIDE CITY		
Maryland (	Cecil			Elkto	On 10f. ZIP CODE		ton CITIZEN O	1 YES 2 NO		
228 Gallaher Roa	ad			2	21921		U.S.			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 M Divorced	EVER IN U.S. ARM YES 2 X NO R OR DATES	IED O	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 X NO Speci	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, atc. secily: White			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	(Give	e kind of wo Do NOT use	ISUAL OCCUPA ork done during retired.)	nost of working	Не	siness/industry alth Car			
17. FATHER'S NAME (First, Middle, Lest) Walter A. Harri	gan				18. MOTHER'S N	AME (First, Middle, Maiden M. Gallah	Surname) er			
190. INFORMANT'S NAME (Type/Print) Marcia M. Harriga	an	196.	MAILING / 28 Ga	AlLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8 Gallaher Road, Elkton, Maryland 21921						
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)			disposition of the Method	Name of Odist Cem	DATE 20c. LC	Cherry E	Town, State Hill, MD.			
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .	2/:	b	H1C BOW EIKt	AND ADDRESS OF E	or Funeral on Sts land 2192	s 1			
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	MULT	on each line.	[N]	URIES		ch aa cardiac or reap	iratory arrest,	Approximata interval Betwee Onast and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST		R AS A CONSEOU								
PART II. Other significent conditions	contributing to de	eeth but not rea	aulting in	the underly	ng cause given in	PERFOI		4b. WERE AUTOPSY FINDING AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						-   /		1 TYES 2 NO		
	HOSPITAL:	R/Outpatient 3	DOA	OTHER.	PLACE OF DEATH (C	heck only one)  Other (Specify)	PUBI	LIC HIGHWA		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	280. DATE OF IN (Month, Day, 0 9 2	Year)	9:12	RY V	NJURY AT YORK? YES 2XXNO	DRIVER T	N AUTO	TRUCK		
Suicide 8 Could not be determined	28e, PLACE OF I building, at	NJURY — At home (Specify) PUBLI		eet, fectory, of GHWAY		281. LOCATION (Street City or Yown, State) ROUTE 4		The state of the s		
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICI EXAMINER						s to the cause(s) and ma		e(a) and manner as stated.		
200, SIGNATURE AND TITLE OF CERTIFIER	Bolle	Ar	1		29c. LICENSE NU		29d. DATE SIGNI	ED (Month, Day, Year) 21 1991		
MARIO F. GOLVE	JR MA			nnt) IN STR		LTIMORE,				
SEP 2 3 '91	32. REGISTRAR'S	signature								

C = 3

100

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

G-680 10/11	L/91 cr		MARVI AND	/ DEPART	MENT OF	HEALTH AND	MENTAL HV	GIENE	26933
1 - STATE REGISTRAR		SIMIE OF			CATE OF		REC	3. NO.	
1. OECEDENT'S NAME (FIRE	YON	) (	ouis	HIE	ROI	VI MUS	2. DATE OF OE	21	3. TIME OF GEATH 4:20
4. SOCIAL SECURITY NUM 218-14-4885		5. SEX 1 M 2 F	8. AGE (In yrs. I		WONTHS DAYS	HOURS MIN.	7. DATE OF BIR (Mopth, Day, 7/22/2	Mear)	BIRTHPLACE (State or Foreign Country)     Maryland
ST JOSE	nstitution, give.	Hospit	AC		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	BATIMORE
RESIDENCE OF DE	106. COUNT				TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		rroll		Har	npstead	Of. ZIP CODE		10g. C	1 YES 2 T NO
2426 Hand	ver P	ike				21074			USA
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		FORCES?	NT EVER IN U.S. A 1 A YES 2 WAR OR DATES 1962		If yes, s	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	an, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: White
15. DE (Specify or Elementary/Secondary	CEDENT'S EDU nly highest grad (0-12)	JCATION e completed) College (1-4 or 5	+)	Give kind of with Do NOT use Superv	USUAL OCCUPAT ork done during n retired.)	ION nost of working		of BUSINESS/II	NDUSTRY ●ker Inc.
17. FATHER'S NAME (First,	Middle, Last)			Duper	1801	18. MOTHER'S NA	AME (First, Middle,		
Robert Fre		Hieroni		100			rine Max		
Mrs. Phylli		lieronimu		2426 E	anover	Pike, Ha	Moute Number, Chy	or Town, State, A	zip Code) land 21074
20a. METHOD OF DISPOSI 1	TION Ion 3 🗆 Ren		20b. PLAC	E AND DATE	of Disposition other place)	N (Name	DATE	20c. LOCATION	- City or Town, State  Ltimore, Md.
21, SIGNATURE OF FUNER	AL SERVICE L	CENSEE	610	1	22. NAME ECK	AND ADDRESS OF FA	eral Ch	apel	ester, Md. 2110
IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if sny, leading to imm	Htlons,	a. RUITO	O (OR AS A CONS	SEQUENCE OF	):	Tic	ANE	URYS	Onset and De
cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	lury	C. DUE TO	O (OR AS A CONS	SEQUENCE OF	):				
PART II. Other signific	eant condition	ns contributing t	o death but no	t resulting i	n tha undarlyl	ng cause given ir		WAS AN AUTOPS PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL			_	28.	PLACE OF DEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO		HOSPITAL: 1   Inpatient 2	☐ ER/Outpetlant	3 🗆 DOA	OTHER:	ome 5 - Residence	6 Other (Spec	offy)	Jakimar A
27. MANNER OF DEATH	Pending	28a. DATE C (Month,	Day, Year)	28b. TIME	URY V	NJURY AT VORK?	28d. DESCRIBE	HOW INJURY	OCCURED
2 Accident	Could not be determined	28e. PLACE	OF INJURY At g, etc. (Specify)	home, farm, s		YES 2 NO	281. LOCATION City or Tow		iber or Rural Route Number,
one)						its and place, and du			stated. o the cause(a) and menner as stated
296. SIGNATURE AND TITE	30,	mo				D 24	JMBER 5 8 8 (	5 ≥9d, D	9.21.91
CG BAU	OS, K	HO COMPLETED CA	. 505	EPH		DITAL	TOL	MOST	MD 2120
SEP 24	91	Juna .	Dauy doon-V	fande					



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

Pages 1, 2, 3

permit.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ED

COMPLET Hem

BE

2

31. DATE FILED (MONTE Day,

OR ATTENDING PHYSICIAN: The law

After the

28

IMPORTANT: If

THE FUNERAL DIRECTOR: filed within 72 hours after

23

G-680 10/7/91 cm 91-5277-033 26934 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 1991 YEAR DAY 9 JOSEPH **JAMES** JOHNSON 11 12:18 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 241-68-2131 YRS 47 5-17-44 Bartow, Florida 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE HOSPITAL CHEVERLY PRINCE GEORGE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Capital Heights TXXYES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6413 Valley Park Road 20743 U.S.A. 12. WAS DECEDENT EVER IN U.STAGMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 X Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 - YES 2 X NO Specify Specify 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementery/Secondary (0-12) College (1-4 or 5+) 12th Bus Driver Metro 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Clyde Johnson Flora Frazier 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Patricia Jacobs-Johnson/wife 6413 Valley Park Road Cap. Heights, Md. 20743 20e. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Ramoval from State
4 Donetion 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Harmony Memorial Park Landover, Md. 21. SIGNATURE OF UNERAL SERVICE LICENSEE Robert AGRESSMESCHI Funeral Home, Inc. 866 1661 Good Hope Road, S.E. Wash., D.C. 20020 23. PART I. Piller the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata hock, or heart fellure. List only one make on each line. Intervsi Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ CARDIAC ARRHYTHMIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO THEYES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3X DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 26t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) end menner as stated. 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the ceuse(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN STREET BALTIMORE, MARYLAND 21201

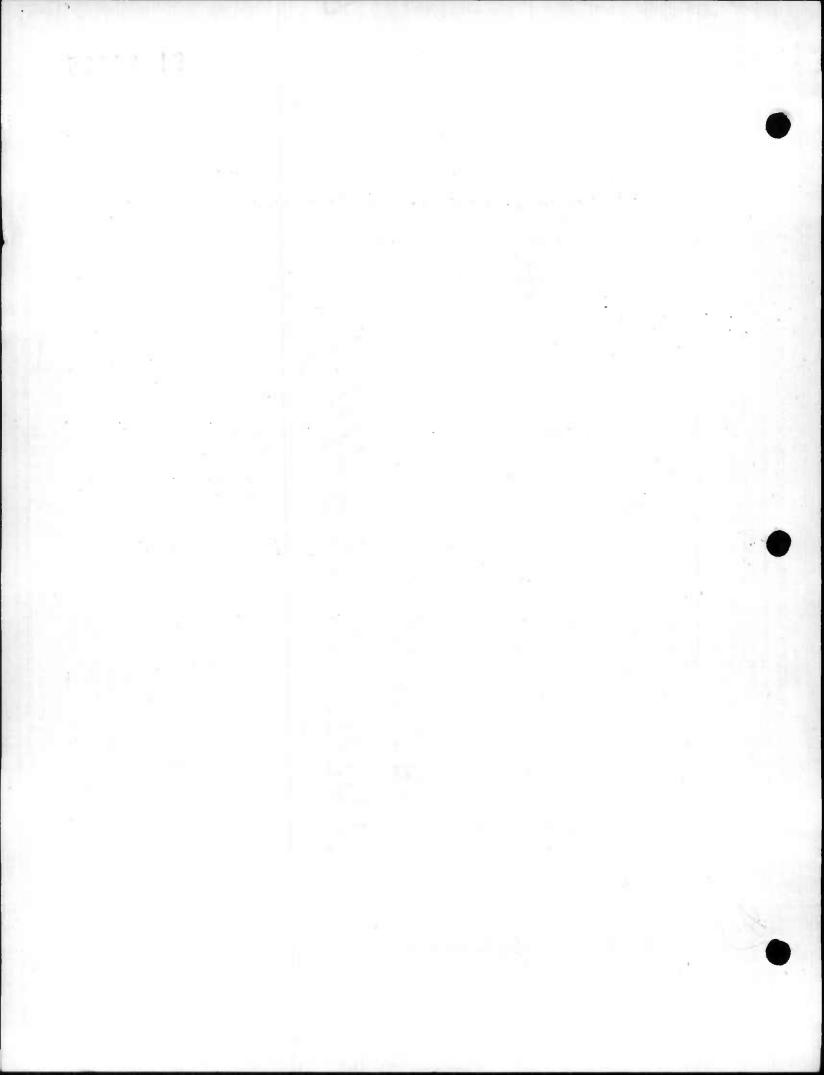
OCME

32. REGISTRARIS SIGNATURE

9-12-1991

	ı	
	I	
	1	-
		DI ETEN BY DHYSICIAN MEDICAL CERTIFICATION
	i	5
		FIE
	I	Ш
	l	C
	١	V
-	Į	5
	Ì	ME
	l	ż
	I	VI
	I	20
5	Ì	≥
200	I	0
	I	2
2	l	C
1	l	14
100	ı	0

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH MONTH DA		3. TIME OF DEATN		
	RAYMO	od H.	Jordan	U		MONTH DI	9/	3:50 AM		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)		
1	577-38-7996		78 YRS.	ONTHS DATE	HOURS MIN.	7/18/1	2			
1	9a. FACILITY NAME (If not institution, give t	- 1	10		R LOCATION OF DE	1	9c. COUNTY			
2	PINCULEW MAN	OREXTENDE	d cape	CIIN	ton, m	d	1,	G,		
2	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
5	D.C. N	J/A	WASI	HINGTO	N,D.C			LIMITS? YES 2 NO		
A P	10e. STREET AND NUMBER				. ZIP CODE			OF WHAT COUNTRY?		
F	1010 17th ST	TREET N.E.	# 1		20019		USA			
5	11. MARITAL STATUS  1 Never Married 2 1 Married	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14.	RACE American Indian, Black, White, atc.		
2	3 Widowed 4 Divorced	IF YES, GIVE WART OR S	DATES	,1 TYES				Specify: BLACK		
D L	15. DECEDENT'S EDU		16a, DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST			
-	(Specify only highest grade Elamentary/Secondary (0-12)	completed) Cotlege (1-4 or 5+)	(Give kind of wo	rk done during ma retired.)	st of working					
MF	11th		TRUCK	DRIVER		PRI	VATE			
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
20	WILLIAM JORDAN	J				E THOMAS				
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	MARYB. JORDAN 20a. METHOD OF DISPOSITION	1 20	L U J. U			V.E. #1 V	CATION — City			
	↑ Buriel 2 Cremation 3 Ran 4 Donatton 6 Other (Specify)	novel from State	other place)				NTICO			
	21. SIGNATURE OF FUNERAL BERVICE LI		DANTICO			CILITY TAMS FUNE				
1	1/ (a, m)	14001						VC.		
-	23. PART I. Enter the diseases, pr	complications that cause	d the death. Do no			STREET		Approximate		
	shock, or heart feilure.	Liet only one ceuse on		/	de of dying, add	it as cardiac or reap	W. A	interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease or condition	COUR	hive he	on A	ho lee	15. M.	as II	Onest and obadi		
- 1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)	1	1 across	2 - 1701	Oly 11	mora a		
2		HYlen	Kessie.	8	1		U			
ALION	Sequentially list conditions, if any, leading to immediate	OF AS	AS A CONSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c. Blivel	A CONSEQUENCE OF	With	decide	distribute)	25			
	that initiated events resulting in deeth) LAST	DUE TO (OH AS	A CONSECUENCE OF	L.						
		d. Sova	oce greet	->						
AL	PART II. Other aignificant conditio			the underlyin	g cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC	- Mynol	hy winde SA	0.00	0	1	1 YES :	NO NO	COMPLETION OF CAUSE DF DEATH?		
	- 11	Multi or	Jane +	outare				1 TES 2 NO		
2	25. WAS CASE REFERRED TO MEDICAL		/							
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)					
2	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY			IURY AT	6 ☐ Other (Specify)  26d, DESCRIBE NOW	INJURY OCCUR	ED		
1	1 Natural 5 Pending	(Month, Day, Year)	ULM!	RY WO	YES 2 NO					
ן מ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	IY — At home, farm, str	eet, factory, offic	a	261. LOCATION (Street	and Number or I	Rural Route Number,		
Ĭ.	4 Nomicide determined	building, etc. (Sp.	ecity)			City or Town, State				
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my kno	wiedge, death occurred	at the time, data	and place, and du	to the cause(s) and ma	nner as stated.			
N C	one)							suse(a) end manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
O BE	Lew ASI	Juan 14	P				DA1	11/9/		
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)				-		
	SEP 1 7 91	32. REGISTRAR'S SIG	nature pandell							
	I OF I	Towns and I was								



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF GEATH 1. DECEDENT'S NAME (First, Midgle, Last) EDDTE. JACKSON 3. TIME OF GEATH 1103 E KSOY AM 5 SEY 7. DATE OF BIRTH (Month, Day, Year) 3-28-17 A SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 261-18-3700 DAYS Florida 1X M 2 | F 74 90. FACILITY EAMS N'ES INVENIOR FIASING NUMBER OSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Riverdale ELANN Prince George Pages 1, 2, 3 DIRECTO 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Hyattsville 1 X YES 2 NO Prince George permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA 20782 use as the burial-transit Toledo Terrace # L the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working Elementary/Secondary (0-12) College (1-4 or 5+) detached for Railroad Mail Clerk 11th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mattie Andrew retained by Stanley Jackson BE notified 19a. INFORMANT'S NAME (Type/Print) 1965 MAILING ADDRESS (Street and Number of Flural Floute Namber, City or Town, State, Zip Code) 2 Hyattsville, Md. 20782 Jackson Kathryn 2 must be 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Lincoln Brentwood, Md. Cemetery 22. NAME AND ADDRESS OF FACHT MARSHALL'S FUNERAL HOME AZITY OTH STREET, N. Washington, D. C. 20011 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Inc examiner death. . marsha removal. 23. PART / Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the cremation. disease or condition resulting in deeth) Respiratory
DUE TO (OR AS A CONSEQUENCE OF): completely tonediat event, and com Brain Stem traumatic CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to t If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to 6 Weeks 2 Cere brovas culau other **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST uwdeken arterioseleratio cardiovasulan disease 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any Curular arrithmia 1 TYES 2 TO NO OF DEATH? shows 1 YES 2 NO t, of P has b. Dept. PHYSICIAN: AMP. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item! **EXAMINER?** HOSPITAL:

1 Ninpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) b 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 Natural M 1 YES 2 NO 8 Atter death 2 Accident HOSPITAL OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be datarmined . L DIRECTOR: A hours after of them 28 is COMPLETED 4 Homicide 29a. CERTIFIER

IChack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 黑黑黑 12.0 1/4/14 D-16386 28 2 DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 324 HANOVER PARKWAY MAX SINGE SEP 20 91 Day, Year) 32. REGISTRAR'S SIGNATURE

a Davidson-Randall

75- 3K /b - 7K D1 3L ELL LANGUAGE LANGUAGE LES DE PORT TOTAL LES PROPERTIES

BALTIMORE, MARYLAND 21215-0020

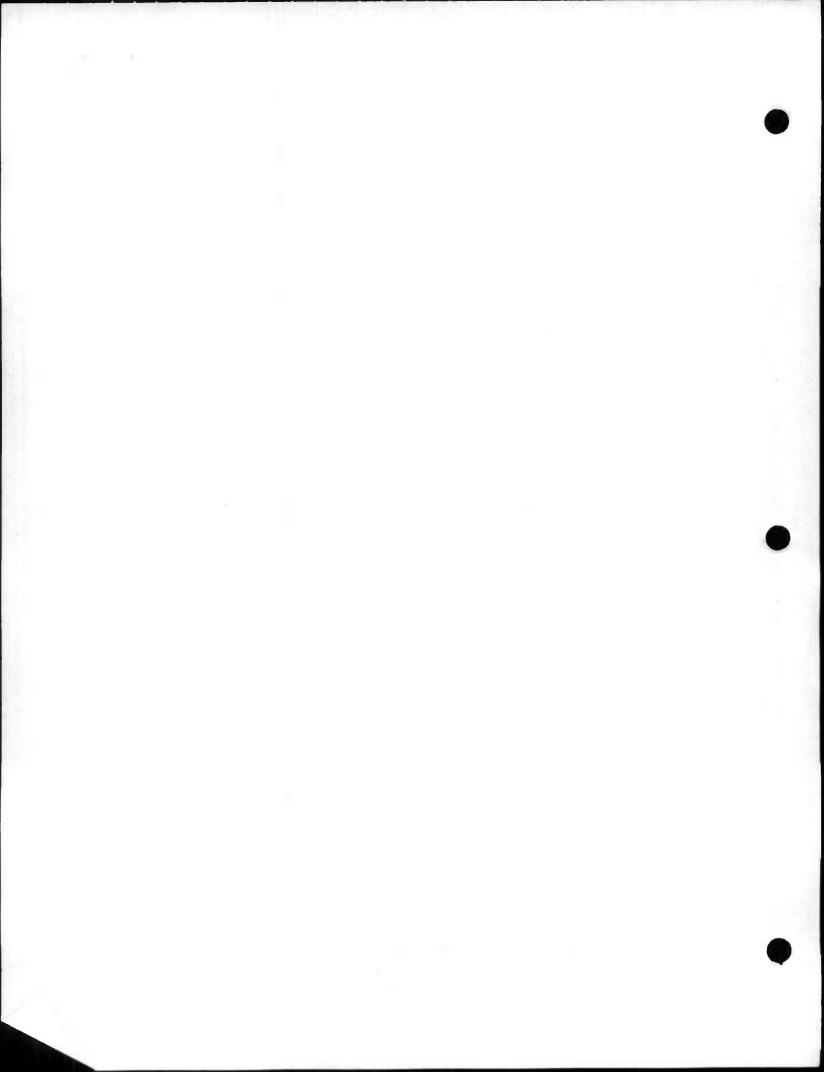
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. names, or lem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL TO THE FUNERAL THE be filed within 72 IMPORTANT; II IMPORTANT II

ISTON OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DE		TAL HYGIENE REG. NO.			
	LyDIA /	lae Jenki	ins KINS		ATE OF DEATH DAY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 215-64-7489	1 □ M XXF 82	YRS. MON	THE DAYS HOU	18 MIN. 9	ATE OF BIRTH4/1 Worth, Day, Year)	3/09 •. BIRT Cour md .	HPLACE (State or Foreign try)	
98. FACILITY NAME (If not institution, give s SOUTH BY M MON RESIDENCE OF DECEDENT	yland Ho		clinte	ATION OF DEATH		Pris Co	c George	
	IDE. CITY, TOWN ON L						104. INSIDE CITY LIMITS? WES WIND	
Rt. 257 P.O. Box 87							WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Divorced	13. WAS DECENDED It yes, specify C	T OF HISPANIC OR uban, Maxican, Pua NO Specify:	IIGIN? (Specify Yea ourto Rican, etc.)	r No — 14. RAC Black	E — American Indian, ck, White, atc.			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti Home Ma	done during most of w red.)	orking	16b. KIND OF BUSIN	IESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last)		nome ria		OTHER'S NAME (FI	Own Hot			
James W. Tippet	tt				ean Kno			
19a. INFORMANT'S NAME (Type/Print)					Number, City or Town,			
Mary Evelyn By 200 METHOD OF DISPOSITION XXPurlet 2 Cremetton 3 Removed		6000 C		r Ave.	Clinton	,Md.2	0735	
21. SIGNATURE OF FUNERAL SERVICE LIP  23. PART I. Enter the diseasea, or capable or head falling	choly	matery, cremetory or other p	22. NAME AND ADD	RESS OF FACILITY	Arehar	t Fune	port,Md.	
shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate	A RTE DUE TO (OR AS	RIO SC A CONSEQUENCE OF): 2 BSTIVE A CONSEQUENCE OF):	LERUT	ic H		DISEA	Approximate interval Between Onset and Death  SE Many TRI  Two week	
cause. Enter UNDERLYING CAUSE (Disease or injury that inhieted events resulting in deeth) LAST		RHOSIS A CONSEQUENCE OF):	of L	iver			TONTH S.	
PART II. Other eignificent condition  CACHEX  DIARR	iA	but not resulting in the	e underlying ceus	e given in Part i	24a. WAS AN AU PERFORME	:0?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
25. WAS CASE REFERRED TO MEDICAL			28 Pt ACE O	DEATH (Charles				
EXAMINER?	HOSPITAL:		HER:	DEATH (Check only				
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5  28c. INJURY AT WORK?		Mher (Specify) DESCRIBE HOW INJU	JRY OCCURED		
1 Natural 5 Pending Investigation 3 Suicida 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, street,	M 1 TYES	281. L	OCATION (Street and lity or Town, State)	Number or Rural	Route Number,	
29a. CERTIFIER 1 CERTIFYINO PHYSIC	CIAN: To the best of my know	viedge, dasth occurred at on and/or investigation. In	the time, data and planty opinion, death ~	cs, and dus to the	cause(a) and manne	r se stated.		
- MEDICAL EXAMINES		, , , , , , , , , , , , , , , , , , , ,					n and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER			29c f	CENSE NUMBER		A DATE CLOSES	(Month Day Vee)	
	Cha	_ ~0		Q 1173		DATE SIGNED	(Month, Day, Year)	

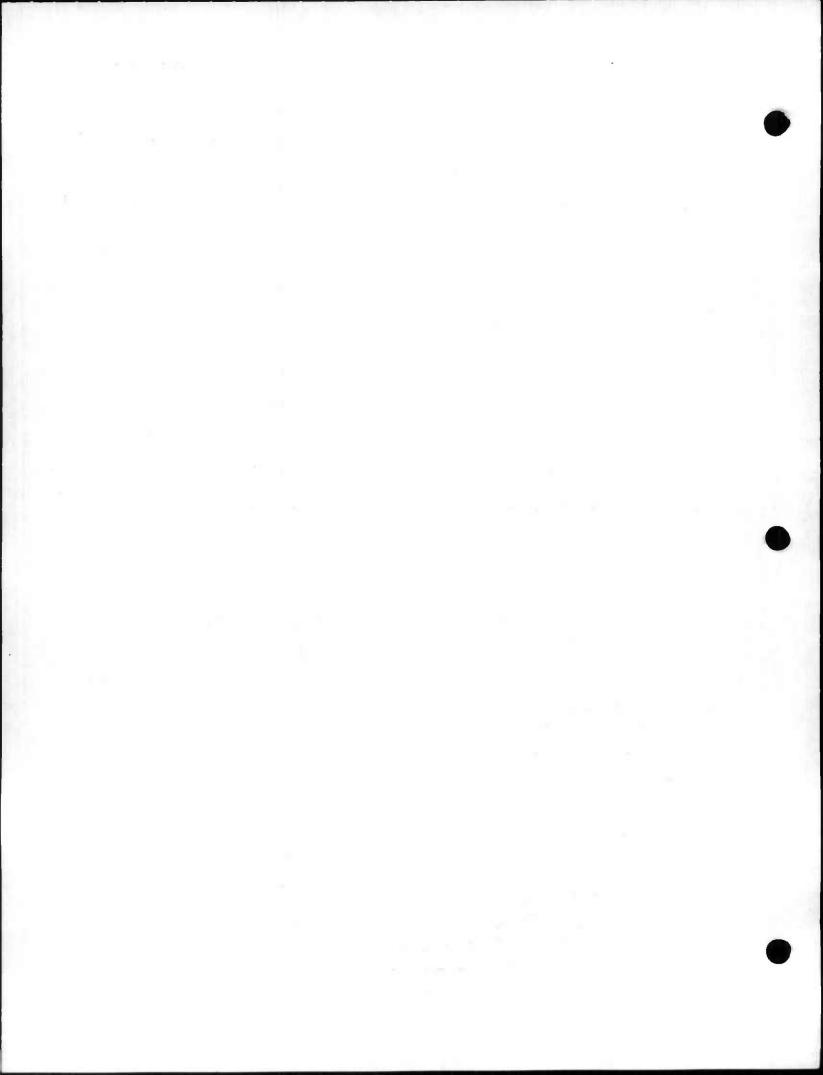
garage and the

	1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIF	CATE OF	DEATH	MENTA	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Le  A SOCIAL SECURITY NUMBER	y J. K.	OVASIT		Kovash	MONT	9-13	3 - 9	YEAR	5:30 pm		
	577-42-8187	1 🗆 M 2 🗷 F	(In yrs. lest birthdey) 58 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH	3 P	enns	ton, ylvania		
CTOR	98. FACILITY NAME (If not justifution, give street and number)  PRINCE LEDRGES HOSP. CENTER CHEVERLY  PRINCE GEORGE  RESIDENCE OF DECEDENT  98. CITY, TOWN OR LOCATION OF DEATH  PRINCE GEORGE  PRINCE GEORGE  PRINCE GEORGE  RESIDENCE OF DECEDENT											
DIRECTOR	Maryland Pri	nce George's					d. INSIDE CITY LIMITS? YES 2 N					
ERAL	100. STREET AND NUMBER 5813 East Pine	s Drive		11. ZIP CODE 20737			U.S.		T COUNTRY?			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yea, ap	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1 If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1  VES 2 NO Specify:					American Indian		
PLETED	15. DECEDENT'S E (Specify only highest green property (0-12)  Sth Grade							done during most of working				
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Clyde S. Coole		110000112		1a. MOTHER'S NA Marce			Surname)		···		
TO B	198. INFORMANT'S NAME (TyperPrint) Stephen John Kovash (Spouse) 198. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) 5813 East Pines Drive, Riverdale, Maryland 20737											
	20a_METHOD OF DIRECTION 1 Zaburlat 2 C matter 3 R 4 Donatton 5 Dher (Specify) 21. SIGNATURE OF UNEXAL SURVICE	emoval from State	Db. PLACE AND DATE O	o'In Ceme		9/17/	91 Bre	ntwood	d, Ma	ryland		
	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Rodal Tollowy  Approximation  Onaet and											
ERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b	A CONSEQUENCE OF	):								
MEDICAL C	PART II. Other significant condit	ions contributing to death	but not reaulting in	the undariying	PE			RFORMED? AV		RE AUTOPSY FINI NILABLE PRIOR TO MPLETION OF CA DEATH?  YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				<u> </u>			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c, INJ	IURY AT ORK? YES 2 NO		F (Specify) SCRIBE HOW IN	JURY OCCUP	RED			
0	2 Accident Investigated 3 Suicide a Could not a 4 Homicide determined	28s. PLACE OF INJUR	Y — At home, farm, st	reet, factory, offic	•		ATIDN (Street ar or Town, State)	nd Number or	Rural Route	Number,		
COMPLETE		YSICIAN: To the best of my kno-							ause(a) an	d manner as stat		
BE	29b. SIGNATURE AND TITLE OF CERTIF	FIER D	CHINER VA	NURLA	29c. LICENSE NUI				IGNED (Mo	nth, Day, Year)		
2	Dr. Chindra, M.	D. P.G. HOST	EATH (ITEM 27) (Type,	Print)		larv1	and 20	0785				
	31. DATE FILED SEP 17 '9	A 32 REGISTRAD'S SIG				J -						



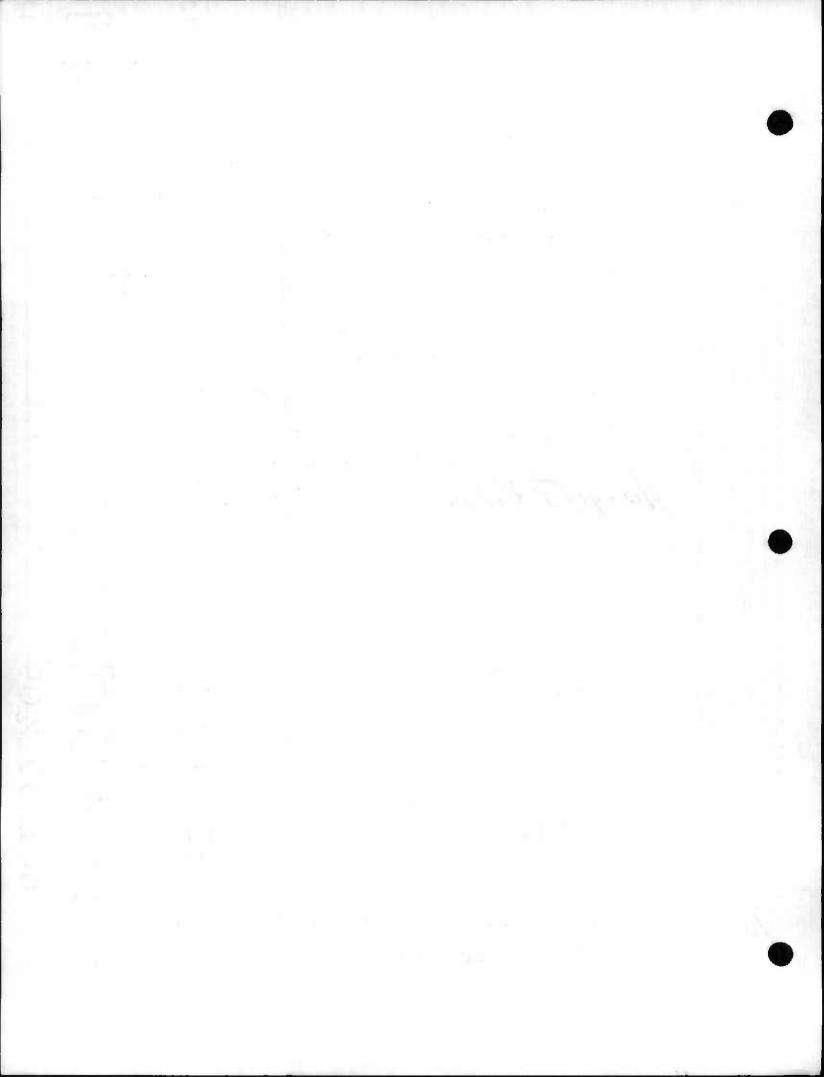
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MAR		TMENT OF I		MENTAL HYGIEN			
1. DECEDENT'S NAME (F HOWARD AL		RNAN , Jr.				2. DATE OF DEATH SEPTEMBER		3. TIME OF DEATH	
4. SOCIAL SECURITY NU 578-40-24(	00	1 🕅 M 2 🗆 F	SE (In yrs. last birthday) 58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 12-12-32	W	BIRTHPLACE (State or Foreign Country) ash. DC	
				Lanham	OR LOCATION OF E	DEATH	Princ	e George's	
Maryland	Prince			town or Local densbur	7500		10a CITIZEN	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
5003 Quino	y Stree	et			20710			ed States	
10e. STREET AND NUMBE 5003 Quinc 11. MARITAL STATUS 1 Never Merried 2) 3 Widowed 4 D		12. WAS DECEDENT EVE FORCES? 1 V. IF YES, GIVE WAR OF Yes, Kore.	ES 2 NO R DATES	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxic 2 NO Spec	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	s or No — 14.	RACE — American Indian, Black, Whits, etc. Specify: aucasian	
(Specify:	ECEDENT'S EDUC only highest grade (0-12)	CATION	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATE rork done during me e retired.)	ON ost of working	16b. KIND OF BU			
12th	4444		Professi	onal Dr			ol Bus		
		Sr				AME (First, Middle, Malden			
00 INCOMMANTS NAME		) DI.	19b. MAILINO	ADDRESS (Sympa)		Muckelbau Route Number, City or Tow		2.1	
Betty L./K						ladensburg			
1 A Burtel 2 Creme	and the second second	T.	20b. PLACEAND DATEO	EDISPOSITION (N	ame of	DATE 20c LO	CATION City	or Town State	
4 Denetion 5 Ott	or (Specify)	oval from State	etery, crematory or of	harplace)	teran Ce	m   09-19-9	1 Chel	tenham, Md.	
THE PLATURE OF FUNC	AL RETIVICE OF	74.1	aum	FRANC	IS GASCH	S SONS FUE., HYATTS	NERAL :	HOME, P.A.	
aheck, or IMMEDIATE CAUSE (I disease or condition resulting in death)	naart fanura, i Final	complications that cau List only ona ceuse or DUE TO (OK A	each lina.			ch as cardiac or reap	Iratory arrest	, Approximata Interval Between Onset and Death	
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eigniff  PART III. Other eigniff  PART II. Other eigniff  PART	cant condition	s contributing to death	but not resulting in		- 1/	/	RMED?	24b, WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
assi	20	+-XDOVES	Sion					i les 2 la no	
25. WAS CASE REFERRED	TO MEDICAL	)			ACE OF DEATH (C	neck only one)			
1 TYES 2 NO		1 Inputient 2 ER/O	utpetfent 3 🗆 DOA	OTHER: 4  Nursing Horr	e 5 🗆 Residence	8 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 [ 2 Accident	Pending Investigation	26s. DATE OF INJUF (Month, Day, Yes	r) INJU	M 1	URY AT RK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
	Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, term, st pecify)	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,	
4   Homicide  29a. Centrifier (Check only one)  2   Me	DICAL EXAMINE	CIAN: To the best of my kn	owiedge, death occurre- tion and/or investigation	d at the time, data i, in my opinion, d	and place, and du	to the cause(s) and mar time, data and place, an	nner as stated.	use(s) and manner as stated,	
29b. SIGNATURE AND TITE	26	120.			D/4	4905	29d. DATE SI	GNED (Month, Dey, Year)	
30. NAME AND ADDRESS  VEAL KG  31. DATE FILED (Month, Do	ON 4.	32. REGISTRAR'S SI	7307 BI	ALTIM	ORE ,	AVE. Co	llege	ferk, Md.	
SEP :	7 '91	gulia De	widson-Rande	82					



S		16
-		notified
ķ		90
í		must
50000	t with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
200	гетома	dical
3	6	E
1	nition	the
or protect	crema	vent.
200	burial	atic e
orcidit.	or non	traum
Sand Sa	piene p	other
2000	Hy	10
חוב מני	Menta	Jun.
6	and	N
Don's	att	s ar
2011 31	of He	show
3	Dept.	23
Laic I	State	item
2	the	0
CHIE	with I	rked

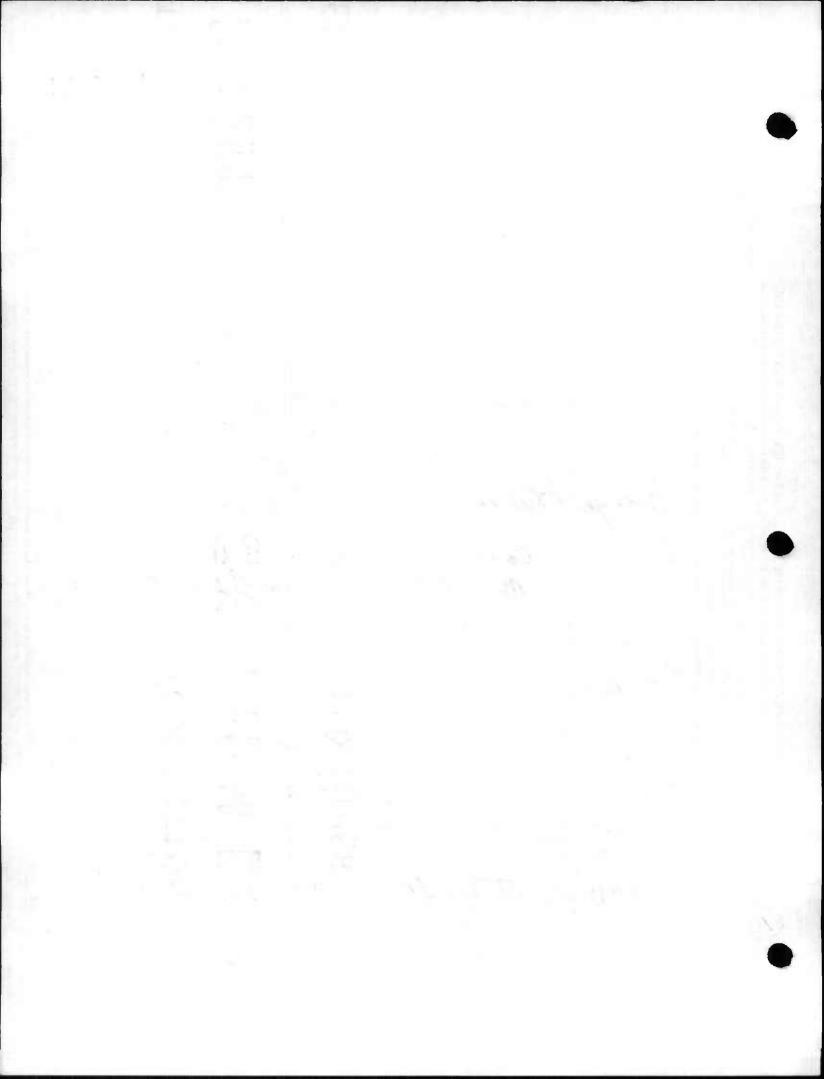
REGISTRAR  1. DECEDENT'S NAME (First,	Adiaballa di modi			CERTIF	ICATE	OF	DEATH	I a aver	REG. NO.			- THE 05 05 15 1
1, DECEDENT'S NAME (FIRST	Joseph	C.	Kruk					MONT	of DEATH DA	13 10	YEAR Q1	3. TIME OF DEATH 11:00 P.
4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
196-05-0705	5 1	1 🔯 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS MIN.	Mar	ch 3,1	906	Peni	nsylvania
9e. FACILITY NAME (If not in							LOCATION OF D	DEATH		9c. COUN		
5502 Huntla		<u>1</u>			Te	mple	Hills			Prin	ce (	George's
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATIO	ON					10d. INSIDE CITY
Maryland_	Prince	e George	e's		Temp1	e Hi	.11s					1 YES 2 NO
5502 Hunt	1 D						ZIP CODE			_		WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN II	S ARMED	13 W		0748	NIC OBIGII	N2 (Specify Yee		.S.	
1 🔣 Never Married 2 🗌	Merried	FORCES? 1 IF YES, GIVE W	Z YES	2 NO	11	yes, spec	Cify Cuben, Mexic	en, Puerto			Black	E — American Indien, k, White, atc.
3 Widowed 4 Divo		WWI										White
(Specify onl	EDENT'S EDUCA' y highest grade co	ompleted)		Give kind of life. Do NOT u	USUAL OC work done di se retired.)	uring most	of working	168	. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (	-12)	College (1-4 or 5		Pipe F	itter				P1um1	bing		
17. FATHER'S NAME (First, M	iddle, Last)						16. MOTHER'S N	AME (First,	Middle, Melden	Surrieme)		
	ruk						Katha			nlacz		
Ruth Mich							Number or Rura		-			nd 20748
200. METHOD OF DISPOSIT		-01	20h P	LACE AND DAT				_	TE 20c. LO			
1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		al from State	St.cen	Mary	or other place	h. C	h. Cem.	9/18	/91 Rea	ading	, Pe	ennsylvani
21. SIGNATURE OF FUNERA	L SERVICE LICER	NSEE , j	1	,			e P. Ka					
Hear	ul)	Tha	Va a	1/								ld. 20745
IMMEDIATE CAUSE (Fid disease or condition resulting in death)	al s.	AC DUE TO	ute IOR AS A CO	Caro	10 F	Pul.	m max	asco	Arre	st D15.		Interval Between Onset and De Zmm
Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata iNG iry	DUE TO	(OR AS A CO	ONSEQUENCE (	)F):							
PART II. Other significa	int conditions	contributing to	death but	not resulting	in the un	derlying	cause given i	n Part I.	24a. WAS AN		240	. WERE AUTOPSY FINDIN
Metusta	tic/2	ostati	c Chi	rcing	na-	50	nes		1 TYES 2			COMPLETION OF CAUS OF DEATH?
Cachex	ia	+ /					- 11					1   YES 2   NO
ginera	ized	Dep1/1	tatin	n (	ance		Douth.					
25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO		HOSPITAL:	T ED/Outpet	2 DOA	OTHER	t:	ACE OF DEATH (C					
27. MANNER OF DEATH		26e, DATE OF	FINJURY	28b, TI	WE OF	28c. INJU	RY AT	_	er (Specify) SCRIBE HOW I	NJURY OCC	URED	
	Pending Investigation	(Month, E	Jay, rear)	· ·	JURY	1 🗌 Y	ES 2 NO					
2 Accident	Could not be	28e. PLACE ( building	OF INJURY — , etc. (Specify)	At home, ferm,	street, facto	ory, office		26f. LO C/t)	CATION (Street a or Town, State)	and Number	or Rurel	Route Number,
2 Accident 3 Suicide 8 4 Homicide	Could not be determined				red at the 1	me, date	end place, end de		suse(e) and mes			
3 Suicide 8 Homicide 4 Homicide 29e. CERTIFIER (Check only	determined TIFYING PHYSICI	IAN: To the best of a			ion, in my o	pinion, de	ath occured at 1	ne 1ime, dat	e and place, an	d due to the	e cause(	s) and manner as stated
3 Suicide 8 S Suicide 4 Homicide 8 S Suicide 8 S Suicide 8 S Suicide 8 S Suicide 8 Sui	determined  TIFYING PHYSICI  CAL EXAMINER:  FOR CERTIFIER	- On the basic of e	maximination e	nnd/or investigat		pinion, de	en- LIOSNES N	WINES.		204 047	PIONE	D (Month, Day, Year) 14, 1991
3 Suicide 8 Suicide 4 Homicide 8 Suicide 8 Suicide 8 Suicide 9 Sui	determined  TIFYING PHYSICI  HCAL EXAMINER:  F PERSON WHO	On the basic of a	SE OF DEAT	D (ITEM 27) (Tyr.	e, Print)		29c. LICENSE N	UMBER 237	mb	≥Se	pt.	14, 1991
3 Suicide 8 S Suicide 4 Homicide 8 S Suicide 8 S Suicide 8 S Suicide 8 S Suicide 8 Sui	TIFYING PHYSICI CAL EXAMINER: E OF CERTIFIER F PERSON WHO Far SC	On the basic of a	USE OF DEAT	H (ITEM 27) (Tyr.	e, Print)		29c. LICENSE N	UMBER 237	mb	≥Se	pt.	14, 1991



	1 - STATE REGISTRAR		SIMIE UF I		CERTIF	ICATE	OF	DEAT	H.	MENIAL N	EG. NO.			-05-71
	1. DECEDENT'S NAME (First, Mick	die, Last)								2. DATE OF I				. TIME OF DEATH
	John E.	Kemp								Sept.	14,	199	YEAR 1	L:00 A. M
1	4. SOCIAL SECURITY NUMBER		5. SEX		. last birthday)	IF UNDER		IF UNDER		7. DATE OF E	BIRTH		a. BIRTHPL	ACE (State or Foreign
1	579-22-4146		1 📉 M 2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	July 3	1, 1	923	Wash	ington, D.C
4	90. FACILITY NAME (If not institution 2517 Amherst							Ville		EATH			nty of DEA	eorge's
2	RESIDENCE OF DECED					,								8
DIRECTOR		rinc	e George	e's		ry, <del>rown</del> d Hyatt								Od. INSIDE CITY LIMITS?  X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2517 Amherst	Roa	d					20783					U.S.A.	AT COUNTRY?
B⊀	11. MARITAL STATUS  1 Never Married 2 Marr  3 Widowed 4 Divorced	ried		NT EVER IN U.S 1 (X) YES 2 WAR OR DATES	□ NO		If yes, sp		n, Maxica	NIC ORIGIN? (S on, Puerto Ricar y:			14. RACE - Black,	- American Indian, White, etc. White
COMPLETED	15. DECEDER (Specify only high Elementary/Secondary (0-12)			+)	Give kind of life. Do NOT u	work done se retired.)	during mo		g	100000	d o mo			
M	17. FATHER'S NAME (First, Middle,	1 0	-		JIISEL	1111	itei			ME (First, Middl			vermme	enc
BE CC	Matthew Ke		Sr.							te C.				
TO B	19a. INFORMANT'S NAME (Type/F Ruth W. Kemp	Print)		5.674	11/11/11/11/20					Route Number (				
	20a. METHOD OF DISPOSITION			200 01	ACE AND DAT	-			nya			_	City or Town	Parts
	1 N Buriel 2 Cremation 3 4 Donation 5 Other (Spe		eval from State	of German	etary, cremator	y or other tashir	iace)	n Cen	nete	ry9/17	/91	Adel	phi, N	Maryland
	21. SIGNATURE OF FUNERAL SE	RVICE LIC	Xal.	1)		22.	eor	ge P	Ka Hi	las Fu	nera . Ox	1 Hor	me	Md. 20745
	23. PART I. Enter the disea	ses, or c	omplications th	at caused the	e desth. Do									Approximate
	shock, of hasrt iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	failure. L				Fa	ule	ece	3 6	Peup	lecu	DE	Leve	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or injury		oue To	O (OR AS A CO	NSEQUENCE C	OF):	as	env	ou	10. 0	C to	rist	like	5 yr
RTIF	that initiated events resulting in death) LAST	l.	DUE TO	O (OR AS A CO	NSEQUENCE C	OF):								
	PART II. Other signifigent of	conditions	s contributing to	o death but i	not resulting	in the w	nderlyln	a ceuse i	alven in	Part I 24	a. WAS AN	AITTOPSV	245.3	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Caches	ia									PERFOR	RMED?		NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIAN	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL	110000					LACE OF D	EATH (C	Yeck only one)				
VSIC	1 YES 2 TVHO		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE 4 - Nu		10 5 DA	aldence	8 Other (S)	pecify)			
BY PH	27. MANNER OF DEATH  1 Natural 5 Pene 2 Accident Inves	ding atigation	28s. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY	W	JURY AT ORK? YES 2	] NO	28d. DESCR	IBE HOW I	NJURY O	CCURED	
	3 Suicide 8 Cou	ld not be rmined	28e. PLACE building	OF INJURY — . 3, etc. (Specify)	At home, farm,	atreet, fac	tory, offic	:8			ON (Street fown, State)		er or Rural Ro	ute Number,
COMPLETED	anal		CIAN: To the best of											and manner as stated.
96	296. SIGMARLINE AND TITLE OF	BERTIFIER	( Set	WA	PA			29c. LIC	ense nu	615		29d. DA	9 16	Month, Day, Year)
5	30. NAME AND ADDRESS OF PE	RSON WH	otts M	1) 8	31 Uni	vers	ity	Blvd.	Ε.	, Silv	er S	prin	g, Md	.20903
	31. DATE THE Winth, Day, Year, 16 9	1	Julia .	Davidson										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



	10	5	
at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
hysic	urial		
0	e b		
din	#		
Ren	36		
N N	nsı		
al	for		
Spir	hed		
8	tac		
Ě	g		
à	ă		
ned	oule		
etai	S.		
9	5		
ay !	Dad		
E	to.		
36	rec		
Z.	P		
Ë.	ner		
e e	of a	-	
fter	4	OVA	
10	5	Lett.	
DOL	P	0	
24	E E	on.	
u u	ely	nati	
W	piel	crer	
8	E 0	a,	
500	P	par	
8	n a	2	
20	icia	rior	
cat	É	e p	
J.	9	Dien	1
0	ipu	¥	
eat	affe	mal	
9	朝	Me	
att	2	and	

BALTIMORE, MARYLAND 21215-0020

F VITAL RECORDS, P.O. BOX 68760,

SAID

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR THE CHAIN CHAIN CHAIN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIFFICATION AND CHAIN

3 '91

1	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAS	RTMENT	OF HEALTH AN	ID MEN		IE .	26	942
	1. DECEDENT'S NAME (First, Middle, Last) WILMA	.KEYSER	CERTIF	ICATE	OF DEATH	2. D	ATE OF DEATH ONTH		VEAR	TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 162-22-6835	1 M 2 XF	(In yrs. lest birthday) 61 yrs.	IF UNDER		RS. 7. D/	opt. 14		8. BIRTHPLA Country)	CE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give of Washington Co			100	gerstown				n of OEAT	н
DIREC	Penna. Fr	anklin			udon, Pa.	172	224			I. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	P.O.Box 22				101. ZIP COOE 1722	4		U	SA	COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XINO	81	WAS OECENDENT OF HI I yes, specify Cuben, M YES 2 NO S	SPANIC OR exicen, Pue pecify:	IGIN? (Specify Yer rto Rican, etc.)	s or No	A. RACE — Black, W Specify W 1	
COMPLETED	ts. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIIO. DO NOT U	work done d se retired.)	luring most of working	-	166. KIND OF BU		STRY	
	17. FATHER'S NAME (First, Middle, Last)	mond Keyse		311011		NAME (Fir	Telep	Surneme)		vice
TO BE	190. INFORMANT'S NAME (Type/Print) Margaret L. Di	etrich	196. MAILING	ADDRESS	(Street and Number or R	ural Route N	lumber, City or Tow	n, State, Zip C	Code)	1
	20s. METHOD OF DISPOSITION 1 Objected 2 Commettee 2 Report 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE	of DISPOSI	ill Cem.	0	ATE 20c. LO	eter rank	y or Igwn,	State.
	21. SIGNATURE OF FUNDAMENSERVICE GLO	- Linis	iges	27.5	AME ANO ADDRESS O Ininger- 7 N. Park	rie Ave	s Fune	rel l	Tome	
	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carde	puln	not antar						Approximata interval Betwee Onset and Deat
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Diabet	CONSEQUENCE OF	Mill	nde &	3.40	ease			
PHYSICIAN: MEDICAL CE	PART II. Other aignificent condition	s contributing to death i	out not resulting	in the (no	leving ceuse giver	In Part I.	24e. WAS AN PERFOR 1 TYES 2	RMED?	CON	RE AUTOPSY FINDINGS PLABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH	(Check only	one)			
	27. MANNER OF DEATH  1 Netural S Pending investigation	1 Inpatient 2 ER/Out	28b. TIM		ng Home 5 Resider 28c. INJURY AT WORK? 1 YES 2 NO	28d. I	ther (Specify) DESCRIBE HOW II	NJURY OCCU	RED	
TED BY	2 Accident a Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, ferm, s	treet, tecto		281. L	OCATION (Street a lity or Town, Stete)	and Number of	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my known: R: On the basic of examination	riedge, death occurri	od at the tin	ne, date end place, end	due to the	cause(e) end men	oner as ateted	cause(e) end	manner se stated.
O BE	THE SIGNATURE AND TITLE OF CERTIFIER	HÓN N	9		29c. LICENSE					oth, Day, Year)
1	R.G. Yeron.	M.D. Hage	rstown.		21710					

M.D. Hagerstown, Md.

The state of the contract of t

. The state of the

oprze sta efactalis andre

. 2

Pages 1, 2, 3 should

permit.

'91

SFP 24

L DIRECTOR: After this certifies the actending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pours after death with the second huntip, and Mental Hygiene prior to burial, cremation, or removal.	em 23 shows any	2.3
TO THE FUNERAL DIRECTOR: After this certain be filed within 72 hours after death with the State of the state	IMPORTANT: If Item 28 is mar	

26943 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 45 EL 09 raul a. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F DAYS 162-26-7035 59 MONTHS HOURS Pennsylvania VRS 8-9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN Baltimore County Gen. Hospital Randallstown BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Reisterstown Baltimore Md FUNERAL 10e. BTREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 44 Stocksdale Ave. U.S.A. 21136 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced В White Korean COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ndery (0-12) Elementary/Seco College (1-4 or 5+) Printer Printing 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumeme) Harriett Gravelle Sidney Kelly BE 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 44 Stocksdale Ave., Reisterstown, Md. 21136 Neil W. Hill 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 200x METHOD OF DISPOSITION Buriel 2 - Cremetion 3 - Res Evergreen Memorial Gardens Finksburg, Maryland 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21117 Eckhardt Funeral Chapel Ellean Md. 11605 Reisterstown Rd., Owings Mills, 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) UPPE GASTROINTESTINAL BLEED SSIVE MEDICAL CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 8 Dther (Specify) 28e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide a Could not be COMPLETED 4 Nomicide 29e. CERTIFIER 1 DEPARTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated. (Check only one) MEDICAL EXAMINER: On the beach of an Investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTINES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. BE 2

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF N	IARYLANI	) / DEPAI CERTIF	RTMEN	T OF H	IEALTH DE A	AND I	MENTAL HYGIEN	E	2	6944	
	1. DECEDENT'S NAME (First, WALT		КО	TULA		IOAII		DEA		2. DATE OF DEATH		9"4"1	3. TIME OF DEATH	н Р "
1	4. SOCIAL SECURITY NUMBER 220-12-112		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIFTTH  (Month, Day, Year)  10/20/2		8. BIRTHI	PLACE (State or For	-
3	9a. FACILITY NAME (If not ins Residence		reet and number)	× 117	A		, town o	n LOCATI	ON OF DE		9c. COU	INTY OF DE	ATH	ı ı a
DIRECT		10b. COUNTY			10c. CIT	Y, TOWH (	OR LOCAT	ION					10d. INSIDE CITY	
IL DI	Maryland 100. STREET AND NUMBER	Ca	aroline			Den	-	. ZIP COD	E				1 YES 2X	NO
FUNERAL	Rt. 2, Bo	x 11						2162			10g. CI1	U.S.	A.	
BY	11. MARITAL STATUS  1 Never Married 2 A  3 Never Married 4 Divorce		12. WAS DECEDENT FORCES? 1- IF YES CIVE W A LILLY	YES 2 AR OR DATES	ARMED NO		It yes, spi	ENDENT Cube	n, Maxicar	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian White, atc.	
TED	(Specify only	DENT'S EDUC highest grade	CATION completed)	16a,	DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO	N st of workin	ng	16b. KIND OF BUS	SINESS/INI	DUSTRY		
COMPLETED	8th		College (1-4 or 5+		armer					Agric		ire		
BE CO	17. FATHER'S NAME (First, Mid Thomas		ıla					18. мот Ма	ryj.	ME (First, Middle, Meiden anna Sooj	surname) phia	Kot	ula	
TO B	John Kotu				Rt.	ADDRESS	S (Street as	nd Number	or Rural R	Noute Number, City or Town	n, State, Zij	1629	)	-
	20a. METHOD OF DISPOSITION PCIPEUrial 2 Cremetion 4 Donation 8 Other (5	ON 3   Remo	eval from State	20b. PLAC	CE AND DATE	OF DISPOS	ITION (Na	me of		OATE 20c, LO	CATION -	City or Tow	rn, Steta	
	21. SIGNATURE OF FUNERAL		ENSEE	Las	cern					wkins-Es		ock,		me
	23 BART i Enter the die	u T	-Csker	V-		P	O B≥	< 43	, Fe	ederalsb	urg,	MD	21632	
	23. PART i. Enter the dis shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art reliure. L	List only one cause	e on each i	MYO	CA	RDI	IAL		TAFA	REI	TON		tween
ERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	lete IG y	OUE TO	OR AS A CONS	SEGUEIVOE O	· ·	CAK	edu	VO.	scular	DU	SC BS	chr	POLE
AL C	PART II. Other eignifican	t conditions	contributing to	deeth but no	et resulting	n the un	deriying	ceuse g	lven in l				WERE AUTOPSY FIN	
PHYSICIAN: MEDICAL	Previous	He	melli at C	tta	ch					PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CA OF CEATH?	USE
CIA	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		ACE OF DI	EATH (Che	ck only one)			NIT	
HYS	YES 2 NO 27. MANNER OF DEATH		1 Inpetient 2 I	NJURY	3 DOA 28b. TIM	4 - Nun	ing Home 28c. INJU	-	sidence (	B Other (Specify) 28d. DESCRIBE HOW IN	HIBY OC	CLIBED		
ВУ Р		ending vestigation	(Month, Da		INJ	URY M	1 Y	RK? ES 2	NO NO	Total Section III	WOONT OC	CORED		
ETED		ould not be starmined	28e. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, a	itreet, facti	ory, office			28t. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	IAN: To the beat of au	ny knowladge, amination and/	death occurre	nd at the ti	ma, date i pinion, de	and placa, ath occur	and dua t	to the cause(s) and man	ner as stat	ed. a cause(a)	and manner as stat	ted,
TO BE	Melen	F CERTIFIER	MD	Depi	ity 1	ME	=	29c, LICE	NSE NUM	664	29d. DAT	E SIGNEO (	Mont Day, Year)	
	RELL, BE	X (	S Den	TON	MD (Type,	ZL.	62	9	C	E. JEA	ISE	ا لا	N.D	

32. REGISTRAR'S SIGNATURE

SEP 18 '91

HE IS Alpertunal INFAMERIES Gosto A-ter adjusted to Copialist and a large of the DIRBERS HEILTES CERTAGORIUS PROMERTO DINERO PARENTO DE LE PERSONA ILLO TO BE COMPLETED BY FUNERAL DIRECTOR

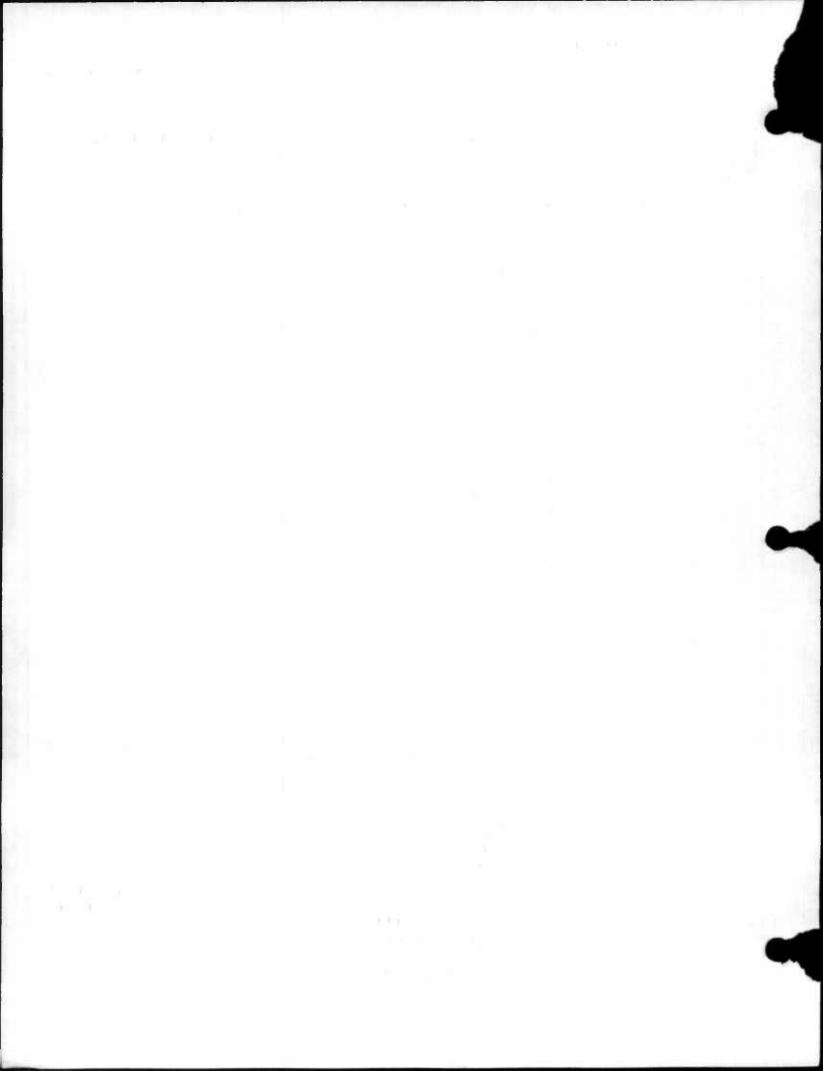
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		OINIL OI III	CE			F DEATH		REG. NO.			22
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF MONTH	DEATH DAY	χE	AR 3	TIME OF DEATH
John	Cor		JOHN LOF				9	19	A	1	150# M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Da	ny, Your)		Country)	ACE (State or Foreign
218-78-6306		1 M 2 D F	31	YAS.			6-1-1				/LAND
9a. FACILITY NAME (If not ins						OR LOCATION OF D	EATH		9c. COUNTY		тн
6005 RED LIO		<u>t</u>			WAL	DORF			CHARI	LES	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				1	0d. INSIDE CITY
MARYLAND	CHAR	LES		W	<b>ALDORF</b>					1	☐ YES 2 X NO
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
6005 RED LI	ON PLA					20601			USA	A	
11. MARITAL STATUS  1 X Never Married 2  3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		MED O	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 NO Specif	an, Puarto Rice	Specify Yaa o in, atc.)	r No 14.	RACE - Black, Specify:	- American Indian, White, atc. WHITE
15. DECI	DENT'S EDUC	ATION completed)	16a. DE	EDENT'S U	SUAL OCCUPA	TION	16b. Ki	ND OF BUSIN	ESS/INDUST	TRY	
Elementary/Secondary (0		College (1-4 or 6+	Ma	Do NOT use	retired.)	moot of working					
10TH GRADE			SI	LES	E .			UTO D		100	
JOHN LO	RE, SR	•				18. MOTHER'S NA	CIA AN				
198. INFORMANT'S NAME (7) PATRICIA ANN	1 -11 -1					OD DRIVE			State, Zip Coo		20601
20g. METHOD OF DISPOSITI	ON				OF DISPOSITION		DATE		TION — City		
1 N Burial 2 Crematio		val from State	RESURI	RECTI	ON" CEM	ETERY	9-23	CLIN	TON, I	MAR	YLAND
21. SIGNATURED PUREL	TO	ANKENSHI	P, M0085	7	22. NAME	BOX 156	THE				HOME, INC.
23. PART I. Enter the di	seases, or co	omplications that	caused the de	eth. Do no							Approximate
IMMEDIATE CAUSE (Fin		lst Dnly Dne cau	se on eech line								Onset and Death
disease or condition resulting in death)	<b>+</b> .	65	W								instrutavans
		DUE TO	OR AS A CONSEC	UENCE OF	):					1,00	
Sequentielly list conditi	000										
If any, leading to imme- ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CONSEC	DUENCE OF	):						
CAUSE (Disease or Inju		DUE TO	(OR AS A CONSEC	UENCE OF	):						1
that initiated events resulting in deeth) LAS	т .										1
PART II. Other significe	nt conditions	contributing to	death but not r	esuiting Ir	n the undarly	ring cause given in	n Part I. 2	4a. WAS AN A PERFORM		1	WERE AUTOPSY FINDINGS
				-			1	☐ YES	NO		COMPLETION OF CAUSE OF DEATH?
					_		_			1	YES 2   NO
25. WAS CASE REFERRED T	MEDICAL I				20	PLACE OF DEATH (C	Stank onto onal			_	
EXAMINER?	O MEDICAL	HOSPITAL:	T EDIO A CHICA D	1	OTHER:	1					
27. MANNER OF DEATH		28a. DATE OF		26b. TIME	4 Nursing H	INJURY AT	6 Other (S		JURY OCCUR	RED	
	Pending	G Nonth, D	ay, Year)	INJU	JRY	WORK? YES 2 NO	Self	toitai	1 /	SV	)
a Colorin	Could not be	26e. PLACE O	F INJURY — At he	,	1	ffice	28f. LOCAT	2.75	d Number or	Rural Ro	ute Number,
	datermined	building,	etc. (Specify)	۵			600	Swin, Shirt	d Lun		ce Waltert
29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of			d at the time, d	late and place, and du	in to the cause	(a) and manr	or as stated.		,
onel only										:ause(s)	and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	1			h .	29c, LICENSE N	UMBER		29d. DATE S	IGNED (	Month, Day, Year)
40	· F	took o	her Co A	moke	INE	1027	348	1	· a	19	91
30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (7/100.	Print)	Nas ?	OFXI			, ,	
31. DATE FILED (Month, Day,	Year)	32. REQISTRA	R'S SIGNATURE	Dane of	0-	1.0	UTC	)	-	-	-
DU 2 4	91	guna	A PROPERTY OF	Mariante	~						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
retail	5 sh		notif
ay be	page		be !
9	ctor.		Snu
Page	dire		ler.
leath.	funera		xami
after d	y the	noval	cal e
1	d in b	or ren	medi
4	ly fille	ation,	the
withi	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
scuter	00 Pt	burial	tic e
be en	ian ar	or 10	auma
cate	physic	he pri	er tr
certif	ding	lygier	0
eath	atten	rtal F	γ, οι
the d	the the	d Mer	inter
that	ed by	th an	апу
Juires	Sign	Heal	DWS
W rec	beer	of. of	3 sh
he la	e has	e De	m 2
AN: 1	ificat	Stal	r He
VSICI	s cert	th the	d, 0
H	er this	th wi	arke
NION	E Afte	r dea	5
ATTE	CTOR	afte :	28
OR	DIRE	hours	item
PITAL	RAL	22 1	= 3
HOSE	FUNE	withir	TAN
포	포	filed	POR
2	2	pe	Ξ

1 - STATE REGISTRAR		CERTIFIC	MENT OF HEALTH AN	D MENTAL HYGIEI REG. NO		20946
1. DECEDENT'S NAME (First, Middle, Last,	James Sotir	os Louvis		2. DATE OF DEATH		3. TIME OF DEATH
JAMES	S.		LOUVIS	09 13	199	
4. SOCIAL SECURITY NUMBER		-	UNDER 1 YEAR IF UNDER 24 HR	44 4 6 6	8.	BIRTHPLACE (State or Foreign Country)
577-38-9519	1 M 2 F	65 YRS.	MINS DATS MOUNS MIN	Dec. 3, 1	925 Ne	ew Jersey
9s. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
HOME - 5932 WEST RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT			COLLEGE	PARK	PRI	NCE GEORGE
			OWN OR LOCATION			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	ce George's	Colle	ge Park		_	1X YES 2 NO
5932 Westchester	Park Drive		10f. ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	20740	DANIC ODIONO M W. V	U.S.	
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE IF YES, GIVE WAR OR	3 2 NO	If yes, specify Cuban, Me.  1 YES 2 X NO Sp	tican, Puarto Rican, etc.)	14 or No —	. RACE — American Indian, Black, Whita, alc. Specify: White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US		16b. KIND OF BU	JSINESS/INDUS	(Greek)
12th Grade	College (1 4 on 5 .)	life. Do NOT use n	done during most of working bired.)	Gift SI	nop	
12th Grade	None	Owner		in the	Dupont	Plaza Hotel
17. FATHER'S NAME (First, Middle, Lest) Sotiros Louvis				NAME (First, Middle, Maider		
				a (Unavaila		
19m. INFORMANT'S NAME (Type/Print) Dina J. Louvis (S	Spouse)	19b. MAILING AD 5932 We	oness (Street and Number or Rustchester Par	rel Aoute Number, City or Ton k Drive, Co	vn, State, Zip Co	Park, Md. 207
20s. METHOD OF DISPOSITION 1 X Burtal 2 □ Ofernation 3 □ Rer 4 □ Donation 5 □ Other (Spliny)	moval from State 2	Db. PLACE AND DATE OF D		OATE 20c. LO	OCATION — CITA	
21. SIGNATURE OF FUNERAL MÉRVICE L		7	22. NAME SAB SOORESSOF	FACILITY		1102 / 1011
1/4/4/	4/1		Francis Gaso	h's Sons Fu	neral	Home, P.A.
23. PART I. Enter the disesses, or	010-001	aun	4/39 Baltimo	re Ave. Hya	ittsvil	le, Md. 20781
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Cardinas	Culas d	12869	3
resulting in desth) LAST	d					
PART II. Other significant condition	ns contributing to death	but not resulting in t	he undarlying causa given	In Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
				-	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				HZAC	>	OF DEATH?
4					PUNCY	1 VES 2 □ NO
						TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL		26. PLACE OF OEATH	(Check only one)		YES 2 NO
	HOSPITAL: 1 □ Inpetient 2 □ ER/Ou	tpatient 3 DOA 4	26. PLACE OF OEATH THER: □ Nursing Home ※ X Reelden			YES Z NO
EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending		tpetient 3 DOA 4	THER:  Nursing Home X Residence  Residence		INJURY OCCUR	
EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJURY  Y — At home, ferm, street	THER:  Nursing Nome X Recident  F 28c. INJURY AT WORK?  M 1 YES 2 NO	e 8 Other (Specify)	and Number or I	ED
EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  X MEDICAL EXAMIN	26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp  SICIAN: To the beat of my kno	tpetient 3 DOA 4  28b. TIME 0 INJURY  IY — At home, ferm, stree	THER:  Nursing Nome X Recident  F 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. OESCRIBE HOW  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) X MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  SICIAN: To the beat of my kno  ER: On the beat of axaminati	tpetient 3 DOA 4  28b. TIME 0 INJURY  IY — At home, ferm, streecity)  wiedge, dasth occurred a on and/or investigation, in	THER:   Nursing Home	28d. OESCRIBE HOW  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State  bus to the cause(s) end me the time, data and place, as	and Number or i	Rural Route Number, suse(a) and manner as etsted. GNED (Month, Day, Year)
EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  X MEDICAL EXAMIN	26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  SICIAN: To the beat of my kno  ER: On the beat of axaminati	tpetient 3 DOA 4  28b. TIME 0 INJURY  IY — At home, ferm, streecity)  wiedge, dasth occurred a on and/or investigation, in	THER:   Nursing Home	28d. Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State thus to the cause(s) end me the time, data and place, at HUMBER  CME	and Number or I	Rural Route Number, suse(a) and manner as elsted. GNED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
90	age		pe 1
6 ma	tor, p		anst an
age	direc		10
ath.	neral		amin
er de	the fu	Nai.	l ex
Jrs af	lu by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	vent, the medical examiner
100	Filled	n, or	E
hin 2	tely	matic	=
liw p	omple	l, cre	even
acute	D pu	buria	atic
De es	cian a	or to	E SUE
icate	physic	ne pri	er tr
certif	ding	typier	10
leath	atten	mag .	7, 0
the o	the	d Me	를
that	ed by	th an	amy
uires	sign	Heal	DWS
w rec	beer	of.	S S
he la	has	e De	Z =
W: T	ficate	Stat	5
SICIA	certi	h the	d, 0
표	r this	h wit	arke
DING	. Afte	deat	E
ATTE	CTOR	after	28
OR /	DIRE	hours	Item
PITAL	FRAL	72 4	# 2
HOS	FUNE	withi	TAN
포	THE	filed	POR
5	2	9	=

1. DECEDENT'S NAME (First, Middle, Last)		MITTOATE	OF DEATH	REG. NO		
	_ JAM	PS 5	1020 1	2. DATE OF DEATH DO		
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last t		YEAR IF UNDER 24 HRS.	9 - 12 - 7. DATE OF BIRTH	0. 6	BIRTHPLACE (State or Foreign
	1 M 2 D F 72	YRS.	MAYS HOURS MIN.	(Month, Day, Year)	919	Country) Md
90. FACILITY NAME (If not institution, give street Edw.W.McCready Me			own or location of de risfield	ATH	Some 1	
100. STATE 10b. COUNTY	mersit	10c. CITY, TOWN OR	LOCATION FIRE	md.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
3/2 Tyler	ST		101. ZIP CODE 21817	7	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	t. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1942 - 1945	) If y	S DECENDENT OF HISPAN Nes, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	o or No— 14.	RACE — American Indian, Black, Whife, atc. Specify: Black
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	npleted) (Give	EDENT'S USUAL OCC e kind of work done du Do NOT use retired.)		Pauls	siness/indust	.,,
17. FATHER'S NAME (First, Middle, Last)	ANE		16. MOTHER'S NA	ME (First, Middle, Malden 991E SE	Surname)	)
JAMES S. LA	NE Jr. 196.	MAILING ADDRESS	Street end Number or Rurell KYSY, C	Proute Number, City or Toy	McL.	71817
20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remova 4 Donation 8 Other (Specify)		LANE (	EM,	20c. L.C	LUSON LA	or Town, State
21. SIGNATURE OF THERAL SERVICE LICEN	lan		Anthony War		., Cri	sfield, Md.
23. PART 1. Enter the disease or con ahock, or heart failure. Lis immEDIATE CAUSE (Final disease or condition resulting in death)	Acute /	Myoro UENCE/OF):	rolice of dying, evo	has cardiac or reep	tion	Approximete interval Between Doset and De
Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A CONSECU			/		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):				
PART II. Other aignificant conditions	contributing to death but not re	sulting in the und	erlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
	IOSPITAL:	OTHER	26. PLACE OF DEATH (CA			
27. MANNER OF PEATH	26a. DATE OF INJURY (Month, Day, Year)		Rec. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	ED
1 Natural 6 Pending			ry. office	28f. LOCATION (Street		Rural Route Number,
	26e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, street, facto		City or Town, State	•)	

St.,

Main

Sterling

Α.

James

Crisfield,

21817

Md.

77

- -

L'area a

3. TIME OF DEATH

A M

1:35

2. DATE OF DEATH

1. DECEOENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

WILLIAM

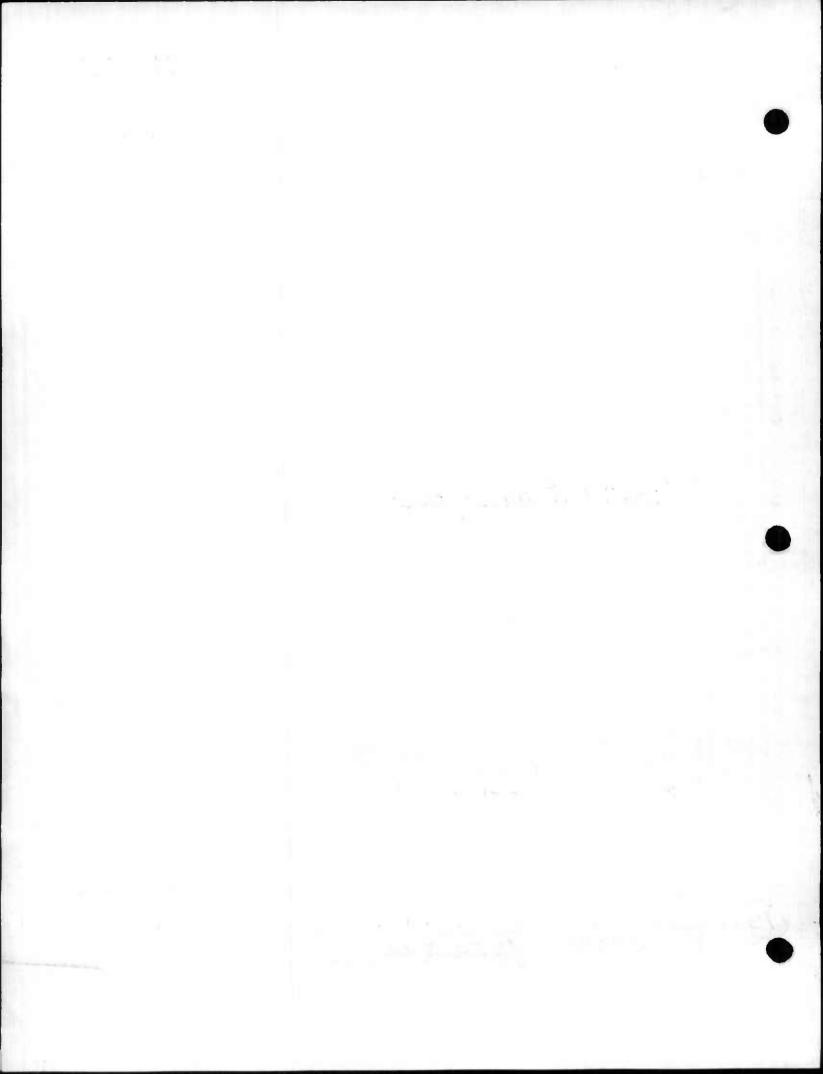
4. SOCIAL SECURITY NUMBER 216 84 9794

98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  ANNAPOLIS  99. CITY, TOWN OR LOCATION OF DEATH  ANNAPOLIS  ANN  ANN  ARUNDEL HOSPITAL  RESIDENCE OF DECEDENT  100. COUNTY  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  Maryland Prince Georges  100. CITY, TOWN OR LOCATION  It yes, specify Cuban, Marken, Fuerto Rican, atc.)  11. WAS DECEDENT'S EDUCATION  (Specify only highest grade completed)  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)  17. FATHER'S NAME (First, Middle, Last)  William O. Mercer  190. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip or 810.5 Blake Court Bowie Maryland 20.7  200. METHOD OF DISPOSITION  2	tractor
98. FACILITY NAME (# not institution, give street and number)  98. FACILITY NAME (# not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  ANNAPOLIS  ANN  ANNAPOLIS  ANN  BOWIE  100. CITY, TOWN OR LOCATION  BOWIE  100. STREET AND NUMBER  8105 Blake Court  11. MARITAL STATUS  12. MAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. Yes, specify Cuban, Maxican, Puerto Rican, etc.)  15. DECEDENT'S EDUCATION  (Give Marid of work done during most of working  16. KIND OF BUSINESS/INDU  (Give Mind of work done during most of working  16. KIND OF BUSINESS/INDU  17. FATHER'S NAME (First, Middle, Makiden Surname)  18. MOTHER'S NAME (First, Middle, Makiden Surname)  Gertrude Edwards  190. MAILIND ADORESS (Street and Number or Flural Floure Number, City or Town, Steins, Zip C  8105 Blake Court Bowle Maryland 207  200. METHOD OF DISPOSITION  200. METHOD OF DISPOSITION  200. METHOD OF DISPOSITION  201. METHOD OF DISPOSITION  202. METHOD OF DISPOSITION  203. METHOD OF DISPOSITION  204. METHOD OF DISPOSITION  205. METHOD OF DISPOSITION  206. METHOD OF DISPOSITION  206. METHOD OF DISPOSITION  207. METHOD OF DISPOSITION  208. METHOD OF DISPOSITION  208. METHOD OF DISPOSITION  209. METHOD OF DISPOSITION  200. METHOD OF DISPOSITION  200. METHOD OF DISPOSITION	ARUNDEL  10d. INSIDE CITY LIMITS? VES 2 N EN OF WHAT COUNTRY? ed States 14. RACE — Amarican Indian, Black, White, atc. Specify: White STRY
ANN ARUNDEL HOSPITAL  RESIDENCE OF DECEDENT  10e. COUNTY  Maryland Prince Georges  10e. CITY, TOWN OR LOCATION  Maryland Prince Georges  10f. ZIP CODE  20720  10f. ZIP CODE  20720  10g. CITIZ  Unite  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES ZYMO  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Gree kind of work done during most of working 17. FATHER'S NAME (First, Middle, Last) William O. Mercer  18. MOTHER'S NAME (First, Middle, Last) William O. Mercer  19b. MAILIND AGORESS (Street and Number or Flural Poute Number, City or Fown, State, Zip C  8105 Blake Court Bowie Maryland 207  20a. METHOD OF DISPOSITION	ARUNDEL  10d. INSIDE CITY LIMITS? YES 2 N EN OF WHAT COUNTRY? Ed States  14. RACE — Amarican Indian, Black, White, atc.  Specify: White STRY
10e. STREET AND NUMBER 8105 Blake Court  11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 12. Was DECEDENT EVER IN U.S. ARMED 13. Was DECEDENT OF HISPANIC ORIGIN? (Specify Vee or No— 14. Never Married 15. DECEDENT'S EDUCATION 16. Specify only highest grade completed) 16. KIND OF BUSINESS/INDU 17. FATHER'S NAME (First, Middle, Last) William O. Mercer  190. CITIZI 20720  11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Vee or No— 16 yes, specify Cuban, Maxican, Puerto Rican, atc.) 16. KIND OF BUSINESS/INDU 16. KIND OF BUSINESS/INDU 17. FATHER'S NAME (First, Middle, Last) William O. Mercer  190. MAILIND AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip O 8105 Blake Court Bowle Maryland 207. 208. METHOD OF DISPOSITION	10d. INSIDE CITY LIMITS? VES 2 N EN OF WHAT COUNTRY? ed States 14. RACE — Amarican Indian, Black, White, atc. Specify: White STRY
10e. STREET AND NUMBER 8105 Blake Court  11. MARITAL STATUS 11. Marital STATUS 11. Marital STATUS 12. Was Decedent ever in U.S. Armed FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES PROPRIED IN YES 2   NO Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No No No No No No No No No No No No	LIMITS?  VES 2 N  VES 2 N  PEN OF WHAT COUNTRY?  Ed States  14. RACE — Amarican Indian, Black, White, atc.  Specify: White  STRY
10e. STREET AND NUMBER 8105 Blake Court  11. MARITAL STATUS 11. Marital STATUS 11. Marital STATUS 12. Was Decedent ever in U.S. Armed FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES FORCES? 1   YES PROPRIED IN YES 2   NO Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No Specify: No No No No No No No No No No No No No	LIMITS?  VES 2 N  VES 2 N  PEN OF WHAT COUNTRY?  Ed States  14. RACE — Amarican Indian, Black, White, atc.  Specify: White  STRY
109. STREET AND NUMBER 8105 Blake Court  11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES POND If yes specify Cuban, Markan, Puerto Rican, etc.) 11. VES 2 NO Specify: NO  15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. KIND OF BUSINESS/INDU (Give kind of work done during most of working 17. FATHER'S NAME (First, Middle, Last) William O. Mercer  19a. INFORMANT'S NAME (Type/Print) Sharon L. Mercer  109b. MAILIND AGORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip O 8105 Blake Court Bowle Maryland 207	EN OF WHAT COUNTRY? ed States  14. RACE — American Indian, Black, White, atc.  Specify: White STRY
3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  16. DECEDENT'S USUAL OCCUPATION (Give kind of or work done during most of working life. De NOT use retired.)  Flementary/Secondary (6-12)  17. FATHER'S NAME (First, Middle, Last) William O. Mercer  18. MOTHER'S NAME (First, Middle, Melden Surname) Gertrude Edwards  19a. INFORMANT'S NAME (Type/Print) Sharon L. Mercer  19b. MAILIND AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip C 8105 Blake Court Bowle Maryland 207	ed States  4. RACE — American Indian, Black, White, atc.  Specify: White  STRY
Specify   No   No   No   No   No   No   No   N	Specify: White STRY  Tractor
3   Widowed 4   Divorced   IF YES, GIVE WAR OR DATES NO   1   YES 2   NO   Specify: No   No	Specify: White
Elementary/Secondary (0-12)  Cotlege (1-4 or 8+)  1	tractor
Elementary/Secondary (0-12)  College (1-4 or 8+)  1	tractor
92 Sharon L. Mercer  192. INFORMANT'S NAME (Type/Print) Sharon L. Mercer  194. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip or 8105 Blake Court Bowle Maryland 207	
Gertrude Edwards  19a. INFORMANT'S NAME (Type/Print)  Sharon L. Mercer  19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip or 8105 Blake Court Bowle Maryland 207	
Gertrude Edwards  19a. INFORMANT'S NAME (Type/Print)  Sharon L. Mercer  19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip or 8105 Blake Court Bowle Maryland 207	
Sharon L. Mercer  1996. MAILIND AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip of 8105 Blake Court Bowle Maryland 207  208. METHOD OF DISPOSITION	
20a. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name of	
	20
1 & Burial 2 Cremation 3 Removal from State   cematery, crematory or other place)	ty or Town, State
4 Donetion 5 Other (Specify) Gate of Heaven Cemetery Silver S  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	pring Md.
TEL TIAME AND ADDRESS OF PACIENT	. A .
Beall-Evans Funeral Home, P 16000 Annapolis Rd. Bowle M 23. PART i. Enter the diseases, or complications that coughd the death. Do not enter the mode of dying, such as cerdiac or respiratory arre-	d. 20715
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
Ö - o.	
PART II. Other significant conditions contributing to death but not reculting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINO AVAILABLE PRIOR TO
Q NO	COMPLETION OF CAU OF CEATH?
	VES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. VI YES 2   NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 X YES 2 NO  1 Inpatient 2 En/Outpatient 3 XOOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  29. TIME OF 28. INJURY AT 29. DESCRIPTION OF THE PROPERTY	DEO
EXAMINER?  1 Yes 2 NO  1 Inpatient 2 ER/Outpatient 3 XDOA  20 PLACE OF DEATH (Check only one)  1 Inpatient 2 ER/Outpatient 3 XDOA  4 Nursing Home 5 Residence 8 Other (Specify)  28s. DATE OF INJURY (Month, Dey, Year)  28s. DATE OF INJURY INJURY AT WORK?	
EXAMINER?  1 YES 2 NO  HOSPITAL:  1   Inpatient 2   ER/Outpetient 3   XDOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   28s. DATE OF INJURY   12s. 4   0 te   1   ves 2   XNO   OCCUPANT IN	AUTO/TREE
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 XOOA  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY  28b. TIME OF INJURY AT WORK?  1 YES 2 XOO  27. Manual 5 Pending Investigation  3 Suicide 8 Could not be detarmined detarmined detarmined.	AUTO/TREE
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 XOOA  27. MANNER OF DEATH  1 Natural  28a. DATE OF INJURY  1 Natural  2 Accident  3 Suicide  4 Norsing Home 5 Raidence 8 Other (Specify)  28a. DATE OF INJURY  1 North, Dey, Year)  28a. DATE OF INJURY  1 North, Dey, Year)  28a. DATE OF INJURY  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 OCCUPANT IN  28a. PLACE OF INJURY AT WORK?  1 YES 2 NO  1 OCCUPANT IN  28a. PLACE OF INJURY AT HOME, Iarm, street, factory, office  28a. PLACE OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCUPANT IN  28a. PLACE OF INJURY AT HOME, Iarm, street, factory, office  28a. PLACE OF INJURY AT WORK?  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCUPANT IN	AUTO/TREE  RUTEI POUTE Number,  ARBOR ROAL
EXAMINER?  1 X YES 2 NO  1 Inpatient 2 ER/Outpatient 3 XOOA  27. MANNER OF DEATH  1 Natural  28a. DATE OF INJURY  28b. TIME OF  1 NORY?  28b. TIME OF  1 NORY?  28c. INJURY AT  WORK?  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28a. PLACE OF INJURY  1 VES 2 NO  OCCUPANT IN  28a. PLACE OF INJURY AT  WORK?  28b. TIME OF  1 NORY?  28b. TIME OF  1 NORY?  28c. INJURY AT  WORK?  1 VES 2 NO  OCCUPANT IN  28a. PLACE OF INJURY — At home, farm, street, factory, office  City or Town, Street  OLD HERALD H	AUTO/TREE  Rural Route Number,  ARBOR ROAL
EXAMINER?    YES 2   NO	AUTO/TREE  Rural Route Number,  ARBOR ROAL
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 XOOA 4 Nursing Home 5 Realdence 8 Other (Spectry)  28. DATE OF INJURY AT WORK?  1 Natural 5 Pending Investigation 2 Sea. DATE OF INJURY At Home, farm, street, factory, office 2 Sea. DATE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  1 YES 2 NO  1 YES	AUTO/TREE  Rural Route Number,  ARBOR ROAL  .  cause(a) and manner as state  SIGNED (Month, Day, Year)
EXAMINER?    YES 2   NO	AUTO/TREE  Rural Route Number,  ARBOR ROAL   cause(a) and manner as state
EXAMINER?  1 VES 2 NO  1 Inpatient 2 ERI/Outpatient 3 XDOA 4 Nursing Home 5 Realdence 8 Other (Spectry)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Sea. DATE OF INJURY At WORK?  288. DATE OF INJURY AT WORK?  1 VES 2 NO  288. DATE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  288. PLACE OF INJURY AT WORK?  1 VES 2 NO  1 OCCUPANT IN  289. CERTIFIER  (Check only one)  289. CERTIFIER  (Check only one)  289. CERTIFIER  (Check only one)  289. CERTIFIER  (Check only one)  289. LICENSENUMBER  290. DATE SEALON OF DEATH (ITEM 27) (Type, Print)	AUTO/TREE  Rural Route Number,  ARBOR ROAL  cause(a) and manner as state  SIGNED (Month, Day, Year)  -9-1991
EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 XOOA  4 Nursing Home 5 Realdence 8 Other (Specify)  28b. TIME OF  1 No 27 MANNER OF DEATH  1 Natural  28b. DATE OF INJURY  28b. DATE OF INJURY  28b. TIME OF  1 NO  28c. INJURY AT  WORK?  1 YES 2 XNO  OCCUPANT IN  28c. PLACE OF DEATH (Check only one)  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. PLACE OF INJURY — At home, farm, street, factory, office  28d. PLACE OF INJURY — At home, farm, street, factory, office  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. PLACE OF INJURY — At home, farm, street, factory, office  City or Town, State)  OLD HERALD H  29d. CERTIFIER  (Check only one)  29d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCU  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCUPANT  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCUPANT  OCCUPANT IN  28d. DESCRIBE HOW INJURY OCCUPANT  OCCUPANT  1	AUTO/TREE  Rural Route Number,  ARBOR ROAL  cause(a) and manner as state  SIGNED (Month, Day, Year)  -9-1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MERCER

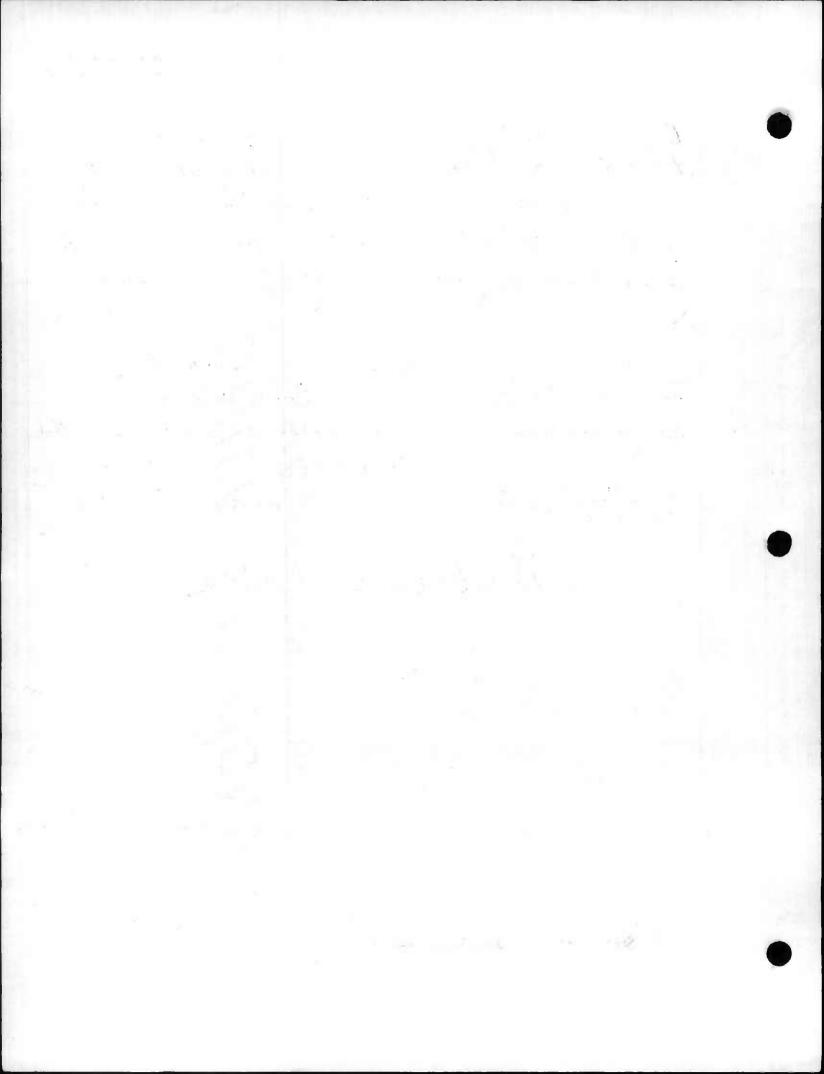
G



32. REGISTAR'S SIGNATURE
GENERAL SECRETARION Randoll

	1. DECEDENT'S NAME (First, Middle, Last)  LUPIR  4. SOCIAL SECURITY NUMBER	MCKOY SEX VS. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HR	9 6	PAY 9	3. TIME OF DEATH  M  BIRTHPLACE (State or Foreign
1	198-03-5308	XM2 0 F 72		ONTHS DAYS	HOURS MIN	(Manch Class Man)	19	PENNH.
ECTOR	9a. FACILITY NAME (If not institution, give street	end number)		Low	OR LOCATION OF	DEATH MA.	Son	OF DEATH  METSET
DIR	10a. STATE 10b. COUNTY	omerset	10c. CITY,	TOWN OR LOC	Hill	Md.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND AUMBRIN  11. MURITAL STATUS	DOUNT Md.	Puco		2186	7		N OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes, s		PANIC ORIGIN? (Specify Yokidan, Puerto Rican, etc.) ecily:	14 or No 14	Black, White, etc.  Specify: Black
APLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	GECEDENT'S U (Give kind of wo ite. Do NOT use	SUAL OCCUPATION of doring in regreed.)	ION lost of working	CIUI	SINESS/INDUS	YVICE
BE COMPL	DEFFETSON	McKou			16. MOTHER'S	NAME (First, Middle, Majde	n Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print)  KAREN LOUE!	ACIL	7-7 -	S. So	end Number or Ru	TAVE Pri	wn, State, Zip Co	Anne Md.
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20b. PLAC	e of olsposit	TION (Name of c	emetery, cremetory	or 20c. L	OCATION - CR	y or Town, Stata
	21. SIGNATURE OF SUMERAL BETWICE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAL BETWIE LICENTAL STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SUMERAN STATES OF SU	llan		103	HAMD	den AUE		2-1853
	23. First the disease, or considered the shock, or heart failure. Lie immediates or condition resulting in death)	Wo Sep	desth. Do no		ode of dylfig, o	ouch as cerdiac or res	piratory arres	Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if eny, leading to immediate	Neurba	LN SEQUENCE OF)	رت	bla	dder		
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF)	:				
MEDICAL	PART II. Other significent conditions SP-Cevo(C	contributing to death but no		the underlyl	ng cause given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?  1 YES 2 NO
PHYSICIAN:		IOSPITAL:		OTHER:	PLACE OF DEATH			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. #	JURY AT PORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	reet, factory, of	lea	281. LOCATION (Stree City or Town, State		Rural Route Number,
PLETED	100					and the same of th		

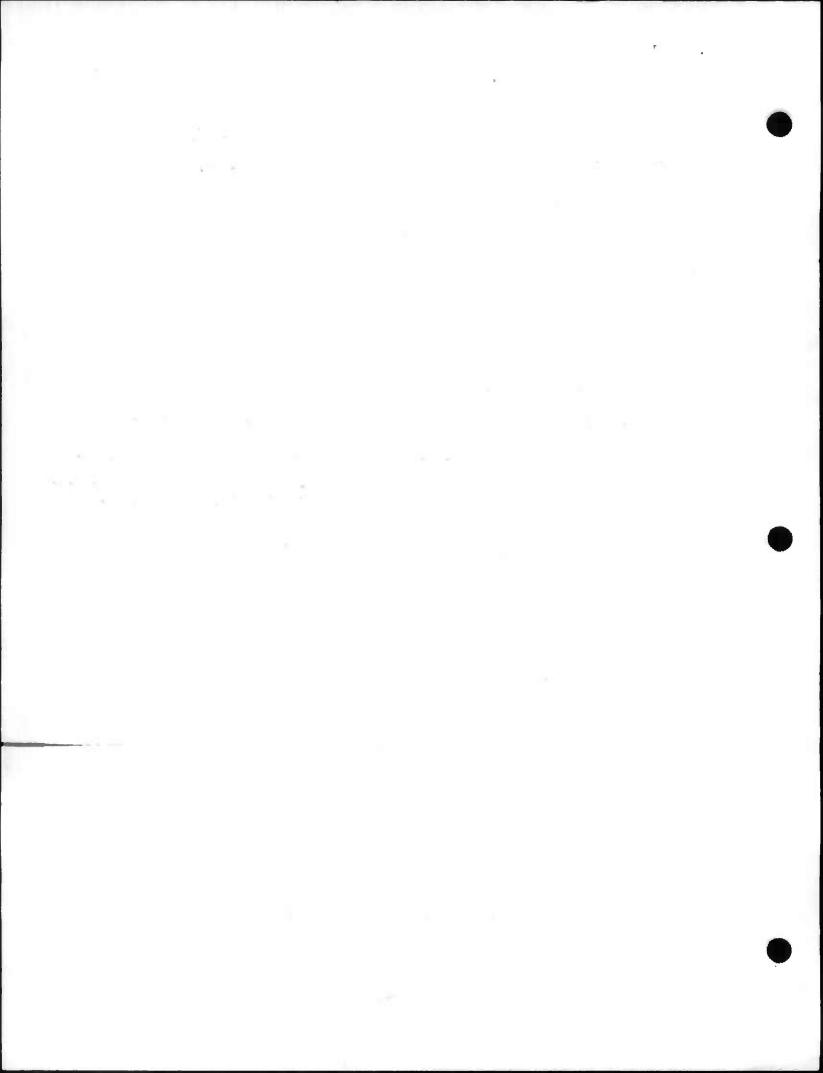
Princess ANGO



,	,	armit. Pages 1, 2, 3 show	P
BALLIMORE, MARYLAND 21203-3146	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	se notified at once.
	cuted within 24 hours after death. Page 6 may	d completely filled in by the funeral director, pa unial, cremation, or removal.	lows any injury, or other traumatic event, the medical examiner must be notified at once.
CORDS, P.O. BOX 13146,	juires that the death certificate be exec	n signed by the attending physician and completely filled in by the funeral Phanth and Mental Hydiele prior to burial cremation, or removal.	ows any injury, or other traumat

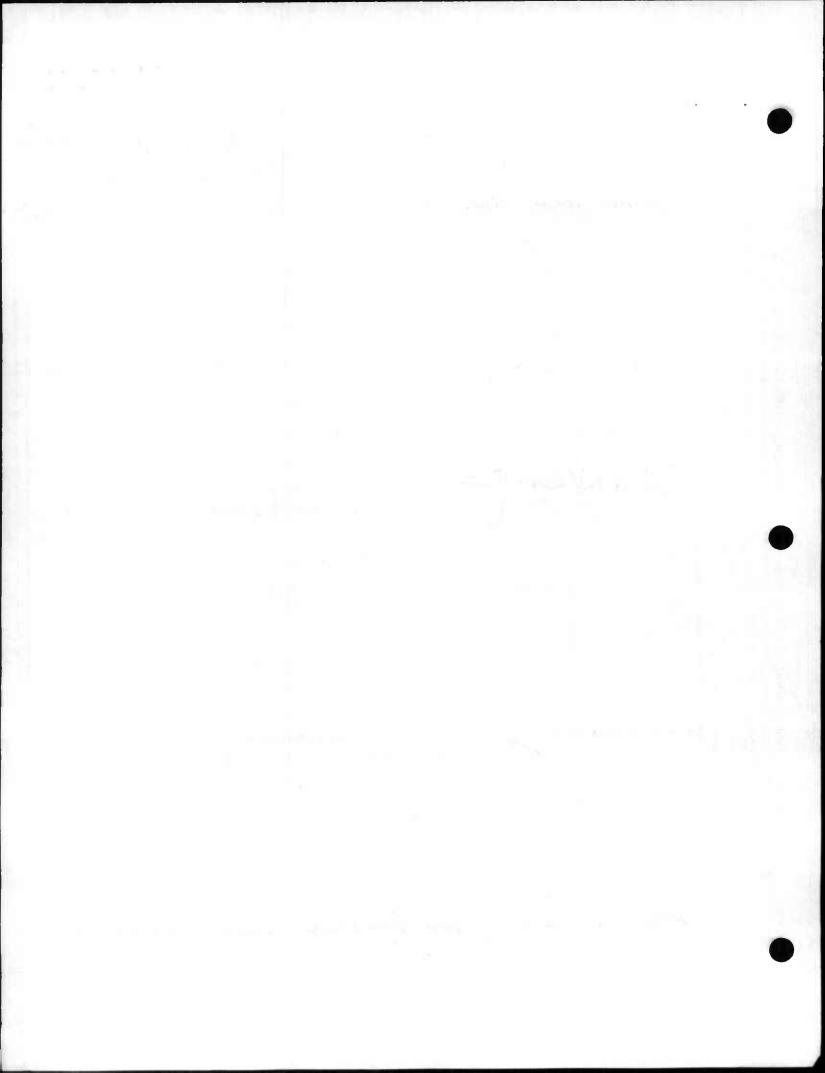
STATE OF MA	RYLAND / DEPARTMENT	OF HEALTH AF	ND MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIEN REG. NO.	E	20330	
	1. DECEDENT'S NAME (First, Middle, Last) FDNA SCHLIR	PF MERKLE	1			Sept. 18,		3. TIME OF DEATH 2:45 PM M	
)	4. SOCIAL SECURITY NUMBER 192-24-1825-A	1 □ M 2 🔀 F 85	YRS. MON	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	C. DATE OF BIRTH (Month, Day, Year) Feb. 28,19	906 Pé	BIRTHPLACE (State or Foreign Country) ennsylvania	
TOR	90. FACILITY NAME (If not Institution, give s 109 Forest Valley RESIDENCE OF DECEDENT	Posd (Bel Fo		Forest	Hill	rH	9c. COUNTY	of oeath arford	
DIRECTOR	100. STATE. 100. COUNTY	Harford	Abine	own on locat gdon	ION			10d. INSIDE CITY LIMITS? 1 YES 34 NO	
FUNERAL	100. STREET AND NUMBER 3110 D White Oak I	Drive		101.	21009		10g. CITIZEN USZ	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPANIC celly Cuban, Mexican, 2 XNO Specify:	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done durina mos		16b. KIND OF BUS		'RY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Walter ——	Schlipf		-		E (First, Middle, Maiden izabeth		rger	
TO B	19a. INFORMANT'S NAME (Type/Print) Thomas W. Merkle		3110 D	White	oak Driv	ute Number City or Tow e, ABingdi	on, State, Zip Co.	21009	
	20a. METHOD OF DISPOSITION 1	noval from State	R. A. Ferr	is Cre	matory	Wes		or Town, State ter, Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LIN	Ma Con	nesty	Howard		mas III F		Home, P.A. , Md. 21009	
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cause on e	each lina.	enter the mo	da of dying, such	aa cardiac or respi			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other algorificant condition  Occur  N 1		out not resulting in t	the underlying	g ceuse given in P	art I, 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8	THER:	LACE OF DEATH (Chec				
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation		26b. TIME O	OF 28c. INJ W WO	PRK? YES 2 NO	Other (Specify)  28d, DESCRIBE HOW	INJURY OCCUP	NED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre- ecify)	et, factory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	CONSTRUCTION OF THE CONTRACT O	SICIAN: To the best of my know HER: On the basic of examination						ause(a) and menner se stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Du			D3229			IGNED (Month, Day, Year)	
5	DAU D 5-13				, Rol				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Prince	1000					



FOR

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFICA	ENT OF HEALT	H AND ME	NTAL HYGIENE REG. NO.	21	20931	
	1. DECEDENT'S NAME (First, Middle, Last)	JOYCE ANN	MOORE			DATE OF DEATH MONTH DAY	. 91	3. TIME OF DEATH 3.57 M	
	4. SOCIAL SECURITY NUMBER 7 579-58-3990	1 🗆 M 2 🖄 F 4	MOM		2004	DATE OF BIRTH (Month, Day, Year) -24-1946	TTHPLACE (State or Foreign Intry) TGINIA		
DIRECTOR	98. FACILITY NAME (II not institution, give	ND HOSP	6	CITY, TOWN OR LOCA	N TON	90	COUNTY OF	INCE Being	
	Maryland Ch	arles		wn on Location			10d. INSIDE CITY LIMITS? 1 YES X NO		
FUNERAL	100. STREET AND NUMBER 4000 Brewster Lai	ne		10f. ZIP CO	o€ 20601	10	g. CITIZEN OF	F WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS DECENDENT If yes, specify Cui 1 YES XX No	oen, Mexicen, P	ORIGIN? (Specify Yes or Nuerto Rican, atc.)	Sp	MCE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work of life. Do NOT use retin	lone during most of wor red.)	king	Governme	SS/INDUSTRY	hite	
	17. FATHER'S NAME (First, Middle, Last)			18. MO		First, Middle, Maiden Surne	,		
) BE	Harry Alton Jone: 190. INFORMANT'S NAME (Type/Print)	5	19b. MAILING ADD	RESS (Street and Numb		Number, City or Town, Sta			
10	Richard A. Moore					aldorf, Md.		11	
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 8 Other (Specify)	novet from State 20b.	PLACE AND DATE OF DIS othery, cremetory or other pi INITY MEMO	SPOSITION (Name of	ans o	-20 Waldon	ON — City or		
	Title 1814	on >	00857	22. NAME AND ADDR HUNTT FU	neral h	TV .			
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. Vent Due to (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF:	Amph	mig	vt Shut		Approximate Interval Batween Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death bu	it not resulting in the	Underlying cause	given in Part	24a. WAS AN AUTO PERFORMED 1 YES 2	2/	No. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ	28. PLACE OF	DEATH (Check o	nly one)			
B	1 YES 2 NO  27. MANNER OF DEATH  1 Watural 5 Pending Investigation  3 Suicide 6 Could not be determined	1 Propertient 2 ER/Outpe  28s. DATE OF INJURY (Month, Day, Yee)  28s. PLACE OF INJURY building, etc. (Special	28b. TIME OF INJURY	Nursing Home 5   F	280 Co	Other (Specify)  I. DESCRIBE HOW INJUR  LOCATION (Street and No. City or Town, State)	nt r	est At Home	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle	dga, death occurred at t	he time, data and plac	e, and due to th	e cause(s) and manner a	s stated.	(s) end manner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Dans	~ LM		ENSE NUMBER			(D (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WITH PUBLISHED AND AND AND AND AND AND AND AND AND AN	15 0 0  32. RIGISTRAE'S SIGNA  GUNA DRINGS	104 Per	m Brook	. 50	Rivere 1	Wul	20603 clafMD	



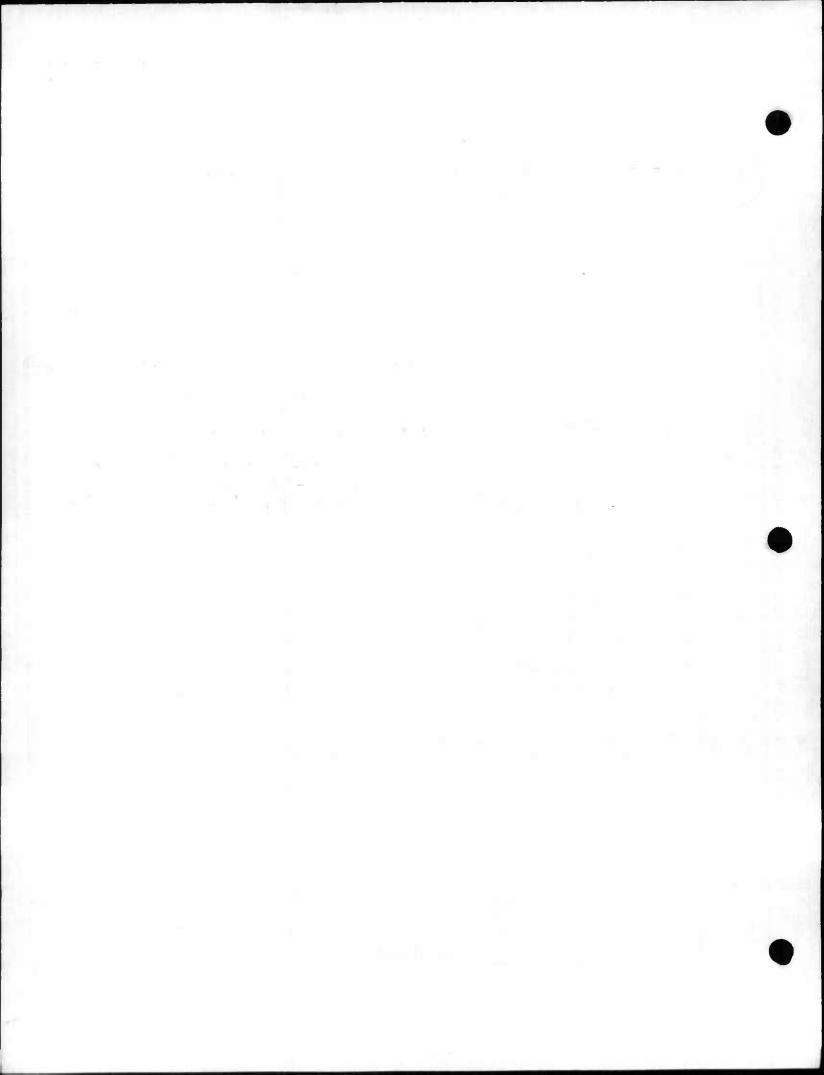
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DALTIMONE, MARTLAND ZIZIS-0020		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	(	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. Dept 1. Dept 1. Dept 1. Dept 2. Dept 2. Dept 3. Dept 3. Dept 3. Dept 3. Dept 3. Dept 3. Dept 3. Dept 3. Dept 3. Dept 4. Dept 4. Dept 4. Dept 4. Dept 4. Dept 4. Dept 5. Dept 5. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 6. Dept 7. Dept 8. Dept 7. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 8. Dept 9.	es 1, 23 should	-
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	2	-
	1	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEPAI	RTMENT	OF I	HEALTH AND	MENTA	L HYGIEN		•	20002
1. DECEDENT'S NAME (First,	. Middle, Last)								OF OEATH			3. TIME OF OEATH
ROE	BERT		E.			MII	NNER	MONT	_	18	YEAR Q 1	9.02 p M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		e. BIRTI	HPLACE (State or Foreign
220-03-9495		1 □ XM 2 □ F	71	YRS.	MONTHS	DAYS	HOURS MIN.		/23/20		Mar	vland
Se. FACILITY NAME (If not in	stitution, give	street end number)			9b. CITY	TOWN	OR LOCATION OF D			9c. COU	NTY OF C	
Memoria	EDENT					ast				Ta	1bo	t
Maryland	Caro				nton	R LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 280 Camp R	d.						21629			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED	13. 1	MAS OEC	ENDENT OF HISPA	NIC ORIGI	N7 (Specify Yes	or No.	14. RAC	E — American Indian,
1 Never Merried 2		FORCES? 1 IF YES, GIVE W	YES :	s XNO	'	f yes, sp	ecify Cuben, Mexic 2 NO Speci	en, Puerto	Rican, etc.)	-	Blac	k, White, etc.
3 Widowed 4 Divo	rced					_ ,,,,	XIO Speci	ny.			Spec	" white
15. DEC	EDENT'S EDU	CATION completed)	18	e. DECEDENT'S	USUAL OC	CUPATIO	ON	168	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 a		life. Do NOT u	se retired.)	unny mo	ist or wonding					
7th grade				laborer	•			P	et Milk	Co.	-Gr	een <mark>s</mark> boro,MD
17. FATHER'S NAME (First, Mi							18. MOTHER'S NA					
Earl Minner							Cora Ke	emp /	Minner			
19e. INFORMANT'S NAME (7)	,			19b. MAILING	ADDRESS	(Street a	and Number or Aural	Route Num	ber, City or Town	n, State, Zip	Code)	
Virginia Tw	illey			P.O.	Box	82,	Houston	, DE	1995			
20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetlo 4 Donation 5 Other		noval from State	20b. PL cemer	ACE AND DATE	OF DISPOSI	TION (NE	eterv	9/2		CATION -		oro, MD
21. SIGNATURE OF FUNERAL		CENSEE				DAME AN	IN ARREST OF EA	MORE STON	750 500			
Ment	1	theest	5			Flee	egle-Hell Sunset ensboro	AVO	in Fur 2163		Hon	ne
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	eart fellure.	a. CVA	me on eech	e death. Do i		the mo	de of dying, suc	ch as can	diac or respi	retory ar	reat,	Approximate interval Between Onsat and Death
Sequentielly list condition of any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injurithet initiated events	diete NG ry	с		INSEQUENCE OF		-						
reaulting in deeth) LAST		d										
PART II. Other significes	nt condition	ne contributing to	death but i	copi					24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
CHF, pr	ency	, ane	nia	2017	1	Luz	ome Res		1 TYES 2	NO		OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL											
EXAMINER?	- MEDIONE	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only on	ю)			
1 TYES 2 NO		1 Mipstlent 2 -		1	-	Ing Hom	e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
	Pending restigation	28e. DATE OF (Month, De		28b. TIM	E OF URY M		URY AT RK? 'ES 2 NO	28d, DES	CRIBE HOW IN	JURY OC	CURED	
3 Suicide e 🗆 C	Could not be	28e. PLACE Of building.	INJURY — /	At home, ferm, o	street, fecto	ry, office		281. LOC C/ty	ATION (Street e	nd Number	or Rural R	loute Number,
290, CERTIFIER												
(Check only	CAL EXAMINE	CIAN: To the best of ER: On the best of ex	my knowledg amination en	e, death occurre d/or investigatio	ed at the tir n, in my op	ne, date elnion, de	end place, end due	to the cau	end place, end	ner as atat	ed. e ceuse(s	) end manner se stated.
296. SIGNATURE AND TITLE									-			
ESGE							D332	19 L/		29d. DATI	SIGNED 19	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WH		20 M	(ITEM 27) (Type,	Print) 5+		Denton	, M-	2. 21	629		
SEP 25	91	32. REGISTRAF	s signatui	RE Rand		-						



9.	DA	Van No	LIVEN		2. DATE OF DEATH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			JNDER 1 YEAR   IF UNDER 24	HRS. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreig
	229-39-6464	1-2M 2 □ F	76 YRS. MON	THE DAYS HOURS	MIN. (Morith, Day, Year)		/ietnam
	9a. FACILITY NAME (If not institution, give	A .		CITY, TOWN OR LOCATION	-	9c. COUNTY	OF DEATH
ECTOR	FRENTER GODAL B	eltsville Mou	ואלון	Laure		Pre,	nce beorg
E	MD 10a. STATE 10b. COUN	ince from		or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10315 BALSA			101. ZIP CODE 207	08	Viet	OF WHAT COUNTRY?
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1	IN U.S. ARMED	13. WAS DECENDENT OF H If yee, specify Cuben, I 1 YES 2 NO	HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.)	fes or No- 14.	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working		USINESS/INDUST	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	Retired	ired.)	n/	' a	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Rectifed	18, MOTHER	R'S NAME (First, Middle, Maid		
Ŭ Ш	Dung Van Nguyen				ai Le		
∞	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD		Rural Route Number, City or 1	own, State, Zip Co	de)
임	Kiem Thi Nguyen		10315	Balsamwood	Court Laur	el. MD	20708
	20a, METHOD OF DISPOSITION	amount from State	b. PLACE OF DISPOSITIO	N (Name of cemetery, cremato	ory or 20c.	LOCATION City	or Town, State
	Burial 2 Cremation 3 Re	- 1	rial Park I	aurel.	Maryland		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Overdo  DUE TO (OR AS	1	1 Tem	gzepano		Interval Be
ᅎᆘ		b					J
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
RTIFICATION	if any, leading to immediate	C	A CONSEQUENCE OF):				
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	ns underlying cause giv	ren in Part I. 24a. was	AN AUTOPSY	24b. WERE AUTOPSY FINI
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		PER	AN AUTOPSY ORMED? 2 M NO	24b. WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the care of th	d. DUE TO (OR AS	but not resulting in the	28. PLACE OF DEA	1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are conditions and care conditions. The conditions are conditions are conditions are conditions are care care care care care care care	DUE TO (OR AS  d.  lons contributing to death  ,	but not resulting in the	26. PLACE OF DEA	TH (Check only one)	PORMED?	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the care of th	DUE TO (OR AS  d.  One contributing to death  OR INA  HOSPITAL:  1   Inpatient 2   ERVOU  28a. DATE OF INJURY (Month, Day, Year)	but not resulting in the state of the state	26. PLACE OF DEA	TH (Check only one)  dence 6 Other (Specify)  28d. DESCRIBE HO	PORMED?	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	DUE TO (OR AS  d.  lone contributing to death    Print   Print   Print	but not resulting in the street of the stree	26. PLACE OF DEA  THER: Nursing Home 5   Reek  F 28c. INJURY AT  WORK?  M 1   YES 2	TH (Check only one)  dence 6 Other (Specify)  28d. DESCRIBE HO	2 NO  2 NO  W INJURY OCCUP	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 N
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the con	DUE TO (OR AS  d.  lone contributing to death    Print   Print   Print	but not resulting in the street of the stree	28. PLACE OF DEA  THER: Nursing Home 5   Resident Properties of the Properties of the Properties of the Properties of the time, date and place, as	TH (Check only one)  dence 6 Other (Specify)  28d. DESCRIBE HO  NO  28f. LOCATION (Str. City or Town, St	W INJURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 N

Helmsbury Rd Hyattsville MD 20081

32. RESISTRARIS SIGNATURE June Daydoon-Randole

ours after death. Page 6 may be retained by the hospital or attending physiciar BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

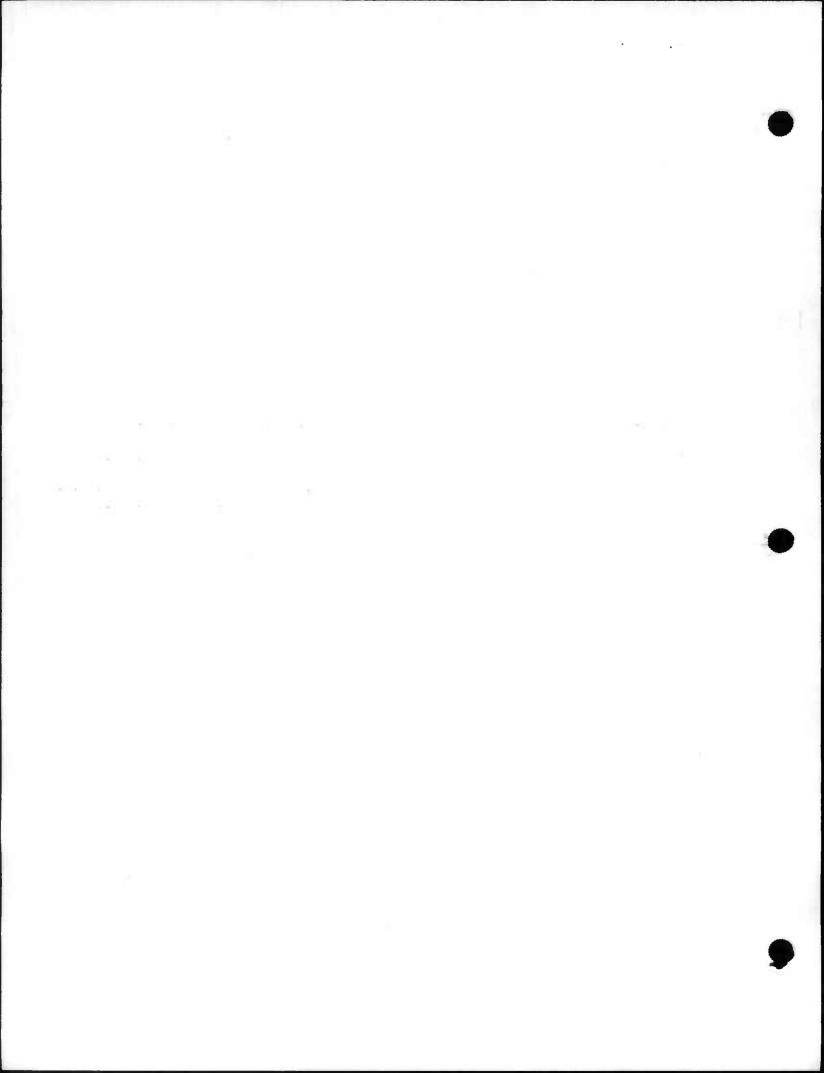
BE 2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH A	ND MENTAL	<b>HYGIENE</b>
C	ERTIFICATE	OF DEATH	1	REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MA					EALTH A		MENTA	L HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, SARAH	Middle, Lest) JANE	NELSON							MONT	OF DEATH		YEAR	3. TIME OF DEATH 5:47 AM M
4. SOCIAL SECURITY NUMB 220-01-6866		5. SEX 6.	AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE Apr	of BIRTH	1919	S. BIRTHI Country Mar	PLACE (State or Foreign ) Yland
90. FACILITY NAME (If not in Fallston Ge						lsto	R LOCATION	OF DE	ATH		9c. COUN	ry of DE Harf	
RESIDENCE OF DEC	10b, COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ion						10d. INSIDE CITY
Maryland		ford			est E								LIMITS?
100. STREET AND NUMBER 1612-B Mich	elle (	ourt	_			10f	ZIP CODE 210	50				EN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 🔀	RMED NO	1	f yes, spi	ENDENT OF Jelfy Cuban, ZX NO	Maxica	n, Pusrto	i? (Specify Yas Rican, atc.)	or No—	Specifi Specifi	— American Indian, , White, etc. hite
15. DEC (Specify only Elementary/Secondary (0 12	EDENT'S EDUC y highest grade 1-12)	CATION completed) College (1-4 or 5+)	(G	n. Do NOT u	work done o	luring mo	N st of working		166	KIND OF BUS	nance	ISTRY	
17. FATHER'S NAME (First, M Irving Or	lando	Jourdan	1					ary	NAME (First, Middle, Meiden Sumerne) Y Jane Jones				
199. INFORMANT'S NAME () Emily J. Har										ber, City or Town de Grae			21078
20a. METHOD OF DISPOSIT  1 Denution 5 Other	n 3 🗆 Rem	oval from State	Bel A	of DISPO	emori	me of cor	netery, crema	ns			cation – c el Ai		2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
21. SIGNATURE OF FUNERA	a k	101 0	1116	/ //	_ Ho	war		McCo	omas				ome, P.A.
23. PART I. Enter the dishock, or himmEDIATE CAUSE (Fildisease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust) intilated events resulting in death) LAS	lons, diata	List only one cause  Directory  Directory	Card HAS A CONSE	e. EQUENCE O	√  F3:  F3:	w (	h de of dyln	ng, aud	h aa car	diac or reapi	Iratory arm	est,	Approximate interval Between Onset and Death
PART II. Other eignifice	ent condition	a contributing to d	aath but not	resulting	In tha ur	ndarlyin	g cause g	iven in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO
25. WAS CASE REFERRED T	O MEDICAL					26. PI	LACE OF DE	ATH (Ch	eck only o	ne)			
EXAMINER? 1   YES 2   ND		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE!	R:	ns 6 🗆 Res						
27. MANNER OF DEATH	Pending	26s. DATE DF ii (Month, Day	NJURY ( Year)	28b. TII		28c. IN.	JURY AT DRK?			SCRIBE HOW	INJURY OCC	UREO	
2 Accident	Investigation  Could not be determined	28e. PLACE OF building, e	INJURY — At h	nome, farm,	street, fac			, NO	28f. LO	CATION (Street or Town, State)	and Number	or Rural I	Route Number,
CONSTRUCTION OF THE		ICIAN: To the best of m											i) and manner as stated.
296. SIGNAYORE AND TITLE	E OF CENTREE	Yun	7	w	10	)	29c. LICE			)	_		(Horth, Day, Year) 1919/
BO. HAME AND ADDRESS O	ta	COMPLETED CAUSE	e 0	The state of the s	e, Print)	Q,	n	<b>1</b>	0	210	20	7	
31. DATE FILED (Month, Det		32. REGISTRAR	Signature	Rande	02								



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 1991 4:29 A.M SEPT.17 PAYNE 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F YRS. 227-22-5627 4-10-1903 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 0 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH 0 DIRECTOR CHARLES PLYSICIANS MEMORIAL HOSPITAL LAPLATA 10c. CITY, TOWN OR LOCATION 10b, COUNTY 10s. STATE 10d. INSIDE CITY **MARYLAND** CHARLES WALDORF 1 - YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 903 FOWLER COURT 20602 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE - American Indian, Black, Whits, etc. 21215-0020 1 X Never Married 2 Married BY 3 Widowed 4 Divorced the WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12)
11TH GRADE for College (1-4 or 5+) MARYLAND SALES CLERK DRESS SHOP 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT L. PAYNE AMANDA E. WILEY funeral director, page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, DONNA L. BOSWELL 903 FOWLER COURT, WALDORF, MARYLAND 20602 urs after death. Page 6 may be BALTIMORE, examiner must be 20s METHOD OF DISPOSITION
1 N Burlet 2 Cremation 3 Removal from State
4 Donation 5 D Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, Stata OATE MOUNT HEBRON CEMETERY 9-19 WINCHESTER, VIRGINIA 22. NAME AND ADDRESS OF FACILITYTHE HUNTT FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Che P.O. BOX 156, WALDORF, MARYLAND 20604-0156 in by the f Deputy medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Fine)** the disease or condition reaulting in deeth) Cardiau Crem DUE TO (OR AS A CONSEQUENCE OF): hysician and com DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to 8 Preuw CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST RECORDS, P.O. Fras 0 amy injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO has been Dept. of h PHYSICIAN: MP VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO 26. PLACE OF DEATH (Check only one) The Item the State I HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) OR ATTENDING PHYSICIAN: 6 OF 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY with t marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY After 2 🗌 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined . 3 🔲 Sulcide DIRECTOR: / COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER (Check only one)

1 XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 일 목 목 09 D-38160 diati 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print) SIVARAMA K. NANDIPATI SUITE 303 CHAS. PROF. CENTER, WALDORF, MD @) 20601 31. DATE FILED (Month, Day, Year) 32. DEGISTRADIS SIGNATURE SEP 2 4 91

1

5

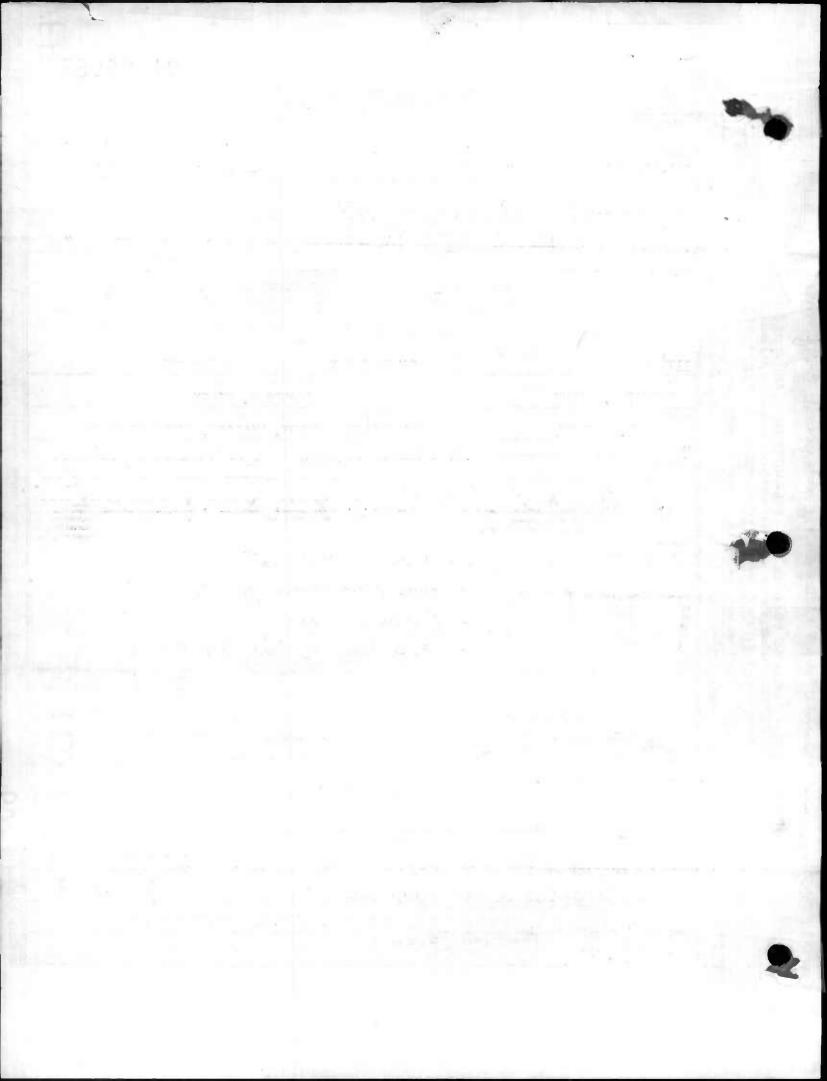
Examine

medical

Haft

Haward

DR.

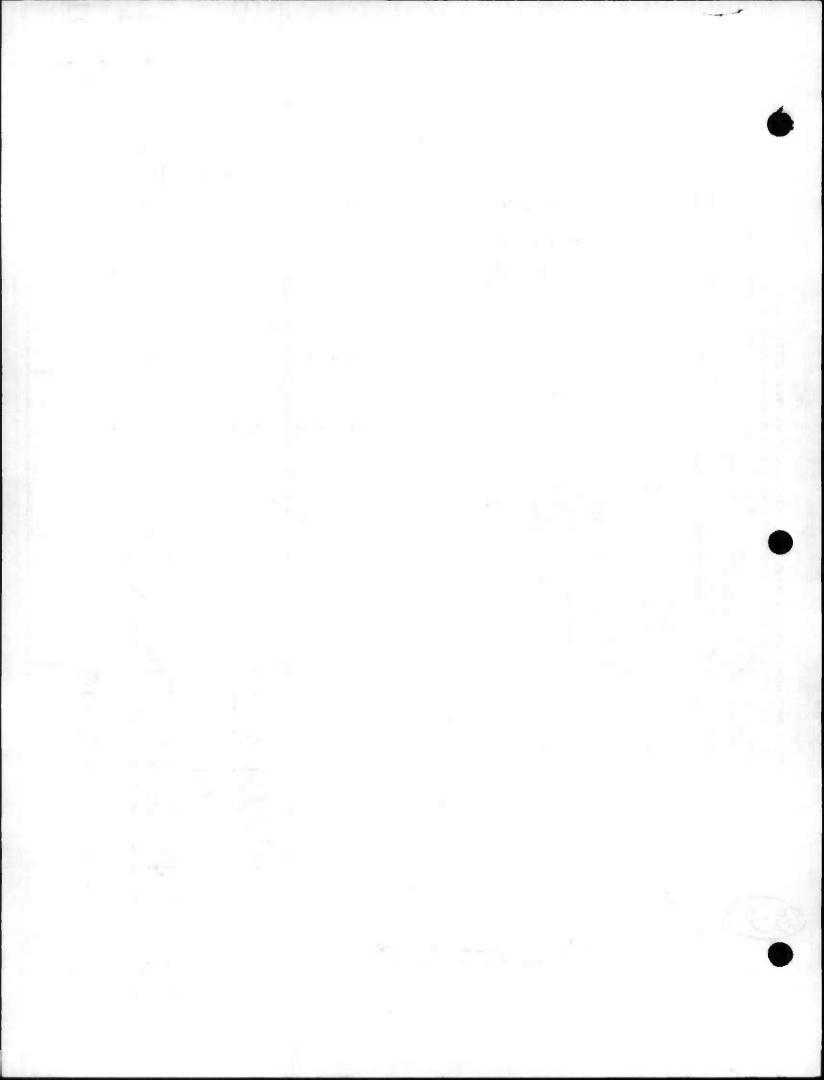


	-	2	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 84	
		2,	
		S T	3
		2	
		THE STATE OF	
		ě	ш
	-	ansit	
0	sicia	2-kg	
02	F	Pri	
0	guip	黄	
15	ntten	88	
212	00	Si ns	
0	pital	pg pg	
Z	hos	tach	CG.
7	the	e de	1 01
3	P	P	9 p
Z	taine	shoc	ij.
Σ	90	e Or	100
Ä	lay t	bed	t be
O	6 7	ctor.	SIL
Σ	Page	dir	Jet.
5	J.	nera	Ē
3A	er de	를 들	ex:
BALTIMORE, MARYLAND 21215-0020	afte	Dy C	lica
	HOUR	0 P	ше
	24	fille Jon,	the
ó	ithiu	ema	ut,
92	» pa	omp	eve
89	noe	nd c	atic
×	9	an a	E
0	9	Sici	T tra
m	475	2 00	
). B	rtifical	g phy jene g	ŧ
P.O. B	h certifical	Hygiene p	or othe
S, P.O. B	death certifical	attending phy ental Hygiene p	iry, or othe
IDS, P.O. B	the death certifical	y the attending phy nd Mental Hygiene p	Injury, or othe
ORDS, P.O. B	that the death certifical	ed by the attending phy th and Mental Hygiene p	any injury, or othe
ECORDS, P.O. B	uires that the death certifical	signed by the attending phy Health and Mental Hygiene p	ows any injury, or other
RECORDS, P.O. B	v requires that the death certifical	been signed by the attending phy t, of Health and Mental Hygiene p	shows any injury, or other
AL RECORDS, P.O. B	e law requires that the death certifical	has been signed by the attending phy Dept. of Health and Mental Hygiene ;	1 23 shows any injury, or other
ITAL RECORDS, P.O. B	1: The law requires that the death certifical	cate has been signed by the attending phy state Dept. of Health and Mental Hygiene p	Item 23 shows any injury, or othe
: VITAL RECORDS, P.O. B	CIAN: The law requires that the death certifical	entificate has been signed by the attending phy the State Dept. of Health and Mental Hygiene p	or Item 23 shows any injury, or other
OF VITAL RECORDS, P.O. B	HYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending phy with the State Dept. of Health and Mental Hygiene of	ted, or Item 23 shows any injury, or other
N OF VITAL RECORDS, P.O. B	IG PHYSICIAN: The law requires that the death certifical	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or Item 23 shows any injury, or other
ION OF VITAL RECORDS, P.O. B	NDING PHYSICIAN: The law requires that the death certifical	4: After this certificate has been signed by the attending phy r death with the State Dept. of Health and Mental Hygiene ;	is marked, or Item 23 shows any injury, or other
ISION OF VITAL RECORDS, P.O. B	ATTENDING PHYSICIAN: The law requires that the death certifical	CTOR: After this certificate has been signed by the attending phy after death with the State Dept. of Health and Mental Hygiene ;	28 is marked, or Item 23 shows any Injury, or other
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certifical	DIRECTOR: After this certificate has been signed by the attending phy ours after death with the State Dept. of Health and Mental Hygiene ;	tem 28 is marked, or Item 23 shows any injury, or othe
DIVISION OF VITAL RECORDS, P.O. B	TAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	AAL DIRECTOR: After this certificate has been signed by the attending phy. 72 hours after death with the State Dept. of Health and Mental Hygiene p.	If Item 28 is marked, or Item 23 shows any Injury, or other
DIVISION OF VITAL RECORDS, P.O. B	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	UNERAL DIRECTOR: After this certificate has been signed by the attending phy thin 72 hours after death with the State Dept. of Health and Mental Hygiene p	NNT: If Item 28 is marked, or Item 23 shows any Injury, or other
DIVISION OF VITAL RECORDS, P.O. B	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy of within 72 hours after death with the State Dept. of Health and Mental Hygiene p.	DRTANT: if Item 28 is marked, or Item 23 shows any injury, or other
DIVISION OF VITAL RECORDS, P.O. B	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

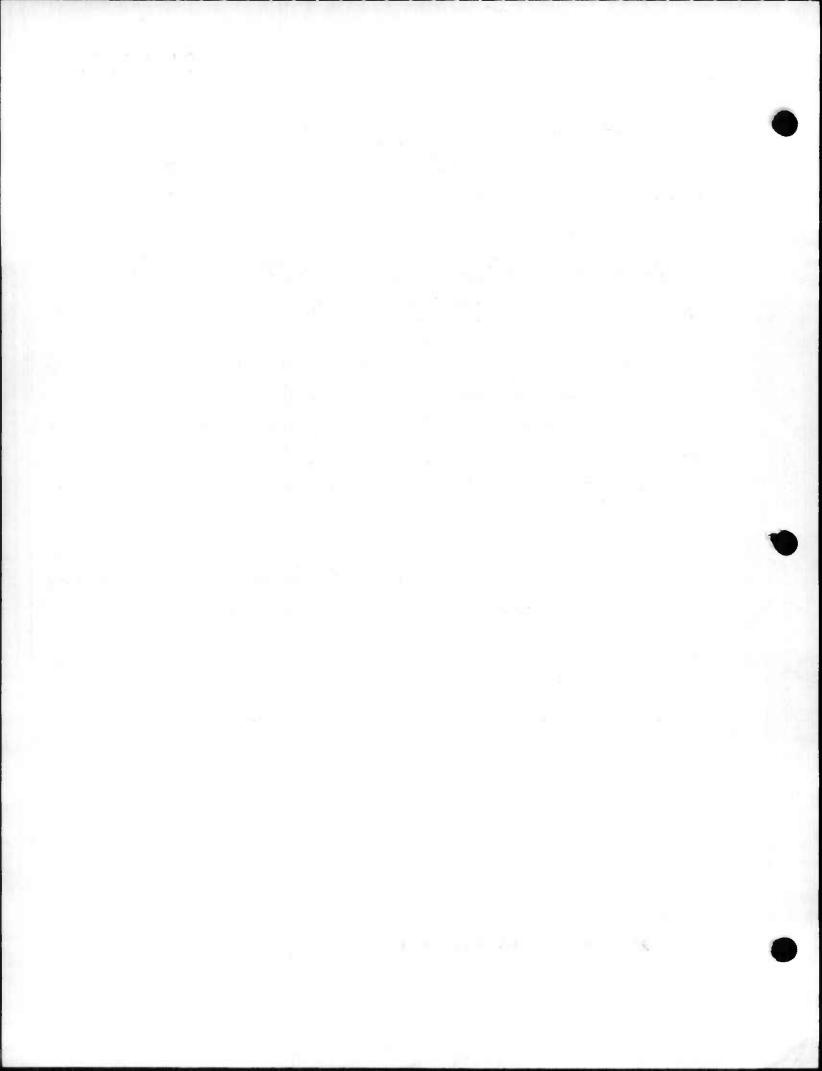
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. OECEDENT'S NAME (First, Middle, Las William		OLIIII	FICATE OF	DEALIN		REG. NO			
	a)				2. OATE O	F DEATH	DAY	YEAR	3. TIME OF OEATH
	Α.	Picco			Sept.		1991	TEAR	2:00 P.
4. SOCIAL SECURITY NUMBER 232-01-7649	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthda 80 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE O (Month,	Day, Year)	1911	Coun	HPLACE (State or Fore try) Virginia
9a. FACILITY NAME (If not institution, given 12433 Surrey Circusters of December 1				ashingto	ATH		9c. COU	INTY OF	
10a. STATE 10b. COU			CITY, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	nce George	S	Fort Wash						1 YES 24 N
12433 Surrey C	ircle Drive	9		20744			100	J.S.	WHAT COUNTRY? A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO IR OR DATES	If yes, sp	ENDENT OF HISPAR ecify Cuben, Mexice 2 XNO Specifi	n, Puerio R	(Specify Yolcan, atc.)	es or No-	14. RAC Blac Spec	E — American Indian ok, White, atc. Offy: White
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 1.2	(Give kind life. Do NOI	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Masonry Contractor				166. KIND OF BUSINESS/INDU			
17. FATHER'S NAME (First, Middle, Lest) Secondo P	icco			18. MOTHER'S NA Camil		Baro			
19a. INFORMANT'S NAME (Type/Print) Martha C. Picco			B3 Surrey						d. 20744
20a. METHOD OF DISPOSITION 1  Burial 2  Cremation 3  B 4  Donation 5  Other (Specify)	amoval from Stata		ATE OF DISPOSITION		/16/9		exand		own, State Virginia
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter 156 diseases, of	Ztala	,	Georg	ge P. Kai Oxon Hi	las F 11 Rd	. Oxo	n Hi	11.	Md.20745
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE	E OF): <i>C</i>					2	
PART II. Other aignificant condit	one contributing to c	Jeath but not resulting	ng in the underlyin	g ceuse given in	Part i.	PERF	IN AUTOPSY DRMED?	24	b. WERE AUTOPSY FIN MAILABLE PRIOR T COMPLETION OF CA
						1 TYES	3∑∑KNO		OF DEATH?
									1 YES 2 N
25. WAS CASE REFERREO TO MEDICAL			26. P	LACE OF DEATH (C)	neck only on	9)		L	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO/	OTHER:	LACE OF DEATH (C)					
EXAMINER?  1	HOSPITAL: 1   Inpatient 2   28a. DATE OF I	INJURY 26b.	OTHER: 4   Nursing Hor TIME OF   28c. IN INJURY   W	ne 5XI Hesidence JURY AT DRK?	6 🗆 Other	(Specify)	/ INJURY O	CCURED	
EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2    28e. DATE OF I (Month, De)  28e. PLACE OF building, e	INJURY 26b.	OTHER: 4   Nursing Hor TIME OF INJURY   M   1	NO SX Massidence	6 Other 28d. DE\$	(Specify)	t and Numbe		
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Notural S Pending Investigation 2 Accident S Could not detarmined 4 Homicide	HOSPITAL: 1   Inpetient 2    28e. DATE OF I (Month, De)  28e. PLACE OF building, e	INJURY y, Year)  26b.  FINJURY — At home, fantec. (Specify)	A OTHER:  4 Nursing Hot TIME OF INJURY M 1   m, street, factory, officerured at the time, dat	ne SXIMesidence JURY AT JEK? YES 2 NO	6 Other 28d. DES 28f. LOC: City of	(Specify) CRIBE HOW ATION (Street or Town, Sta	et and Number le)	er or Rure	1 YES 2 N
EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigatic  2 Accident 8 Could not detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PM	HOSPITAL:  1   Inpatient 2    28e. DATE OF Interest of	INJURY y, Year)  26b.  FINJURY — At home, fantec. (Specify)	A OTHER:  4 Nursing Hot TIME OF INJURY M 1   m, street, factory, officerured at the time, dat	INTERPOLATION OF THE PROCESS OF THE	6 Other 28d. DES 28f. LOCI City of	(Specify) CRIBE HOW ATION (Street or Town, Sta	et and Number le) nanner as at	er or Rural	1 YES 2 N
EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigates  3 Suicide 8 Could not detarmined  4 Homicide CERTIFIER (Check only one)  2 X MEDICAL EXAM	HOSPITAL:  1   Inpatient 2    28e. DATE OF It (Month, De)  28e. PLACE OF building, e  1YSICIAN: To the best of and INNER: On the best of and	INJURY 26b. 7, Year)  F INJURY — At home, fantec. (Specify)  my knowledge, death occumulation and/or investig	A OTHER:  4   Nursing Hot TIME OF INJURY M 1   m, street, factory, office curred at the tima, dat setion, in my opinion,	IURY AT DRIK? YES 2 NO	6 Other 28d. DES 28f. LOCI City of	(Specify) CRIBE HOW ATION (Street or Town, Sta	et and Number tend number anner as at and due to	er or Rural sted. the cause	1 YES 2 N



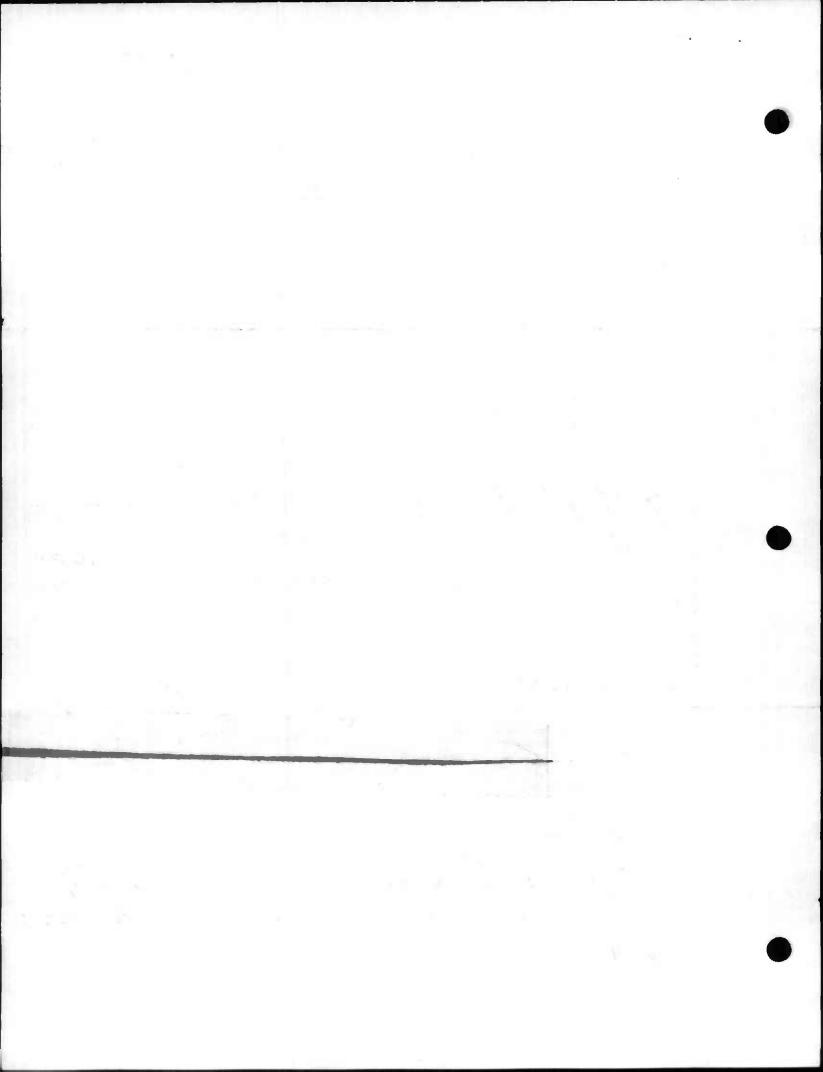
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRA	3	STATE OF MA		RTMENT OF		MENTAL HYGIEN REG. NO.	E	
1. DECEOENT'S N	AME (First, Middle, Last	EdnA,	MAE B.	shop f	KACE	2. DATE OF DEATH MONTH DATE OF 15 - 9		3. TIME OF DEATH 9:00 p.
4. social secur 2 2 0 - 0 6	-1387	1 □ M 2 💥 F	AGE (In yrs. lest birthde)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 24-/	904 000	
	E (If not institution, give Cready Me	emorial Hos	pital	Sb. CITY, TOWN	field	EATH	sc. county of Somers	
Edw.W.Mo RESIDENCE 100. STATE Maryla	10b. COUN	merset	10c. C	Crisfie				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND	Som	ers Co	UE		101. ZIP CODE 7-181	7	10g. CITIZEN OF	WHAT COUNTRY?
₩idowed	d 2 Married	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes,	ecendent OF HISPAI apacity Cuban, Mexica ES 2 NO Specif		Bla	CE — American Indian, lick, White, atc.
Elementary/Se	15. DECEDENT'S Et Specify only highest gra condary (0-12)		(Give kind	"S USUAL OCCUPA of work done during of use refired.)	TION most of working	Dom	ESTIC	/
W Will	IE (First, Middle, Last)	D. Bisho	P		1111	ME (First, Middle, Meiden	Surname)	٤
19a, INFORMANT	S NAME (Type/Print)	) 14CIE	172	Barry	ST, HAC	House Number, City or Tow KUNSMCK	M.JEB	ky 07601
Donation	Cremetion 3 Re		other place),	PRUS CI	PAPE	Poc	OMOKIZ	Town, State Md.
21. BIGNATURE C	utly	E, Mar	2		thony War	d, Cove St	., Cris	field, Md.
	ock, or heart fallun NUSE (Finsl Idition	a.			node of dying, aud	ch as cardiac or reap	iratory arreat,	Approximate interval Between Onset and Des
Sequentially if any, laeding cause. Enter to CAUSE (Diese that initiated cresulting in de	to immediate INDERLYING se or injury wents	· Klebs	PR AS A CONSEQUENCE	lumo	lf lun	Toph. De	einei'	4 Ray
Orter Daga	iosclero	one contributing to de lie Cerek rain Se Trimor	Provasen	las De	eling cause given in	PERFO	RMED?	4b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?	NO NO	HOSPITAL:	ER/Outpatient 3 🗆 DO	OTHER:	PLACE OF DEATH (C			
27. MANNER OF  1 Natural 2 Accident	8 Pending Investigatio	28a. OATE OF IN (Month, Day		INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
3 Suicide 4 Homicid	6 Could not l	25e. PLACE OF building, at	INJURY — At home, far ic. (Specify)	m, street, factory, o	ffica	28f. LOCATION (Street City or Town, State		al Route Number,
29a. CERTIFIER (Check only one)	_	YSICIAN: To the best of m						e(a) and manner as stated.
29b. SIGNATURE	AND TITLE OF CERTIF	Mulser	lla Sh	2	29c. LICENSE NU D 29	MBER 250 5		ED (Month, Day, Year)
Dr. G	regorio Be	elloso, McC	Cready Hos	pital, C	risfield,	Md. 21817		
31, DATE FILED	P 1 8 '91	32. REGISTRAR	S SIGNATURE	482				

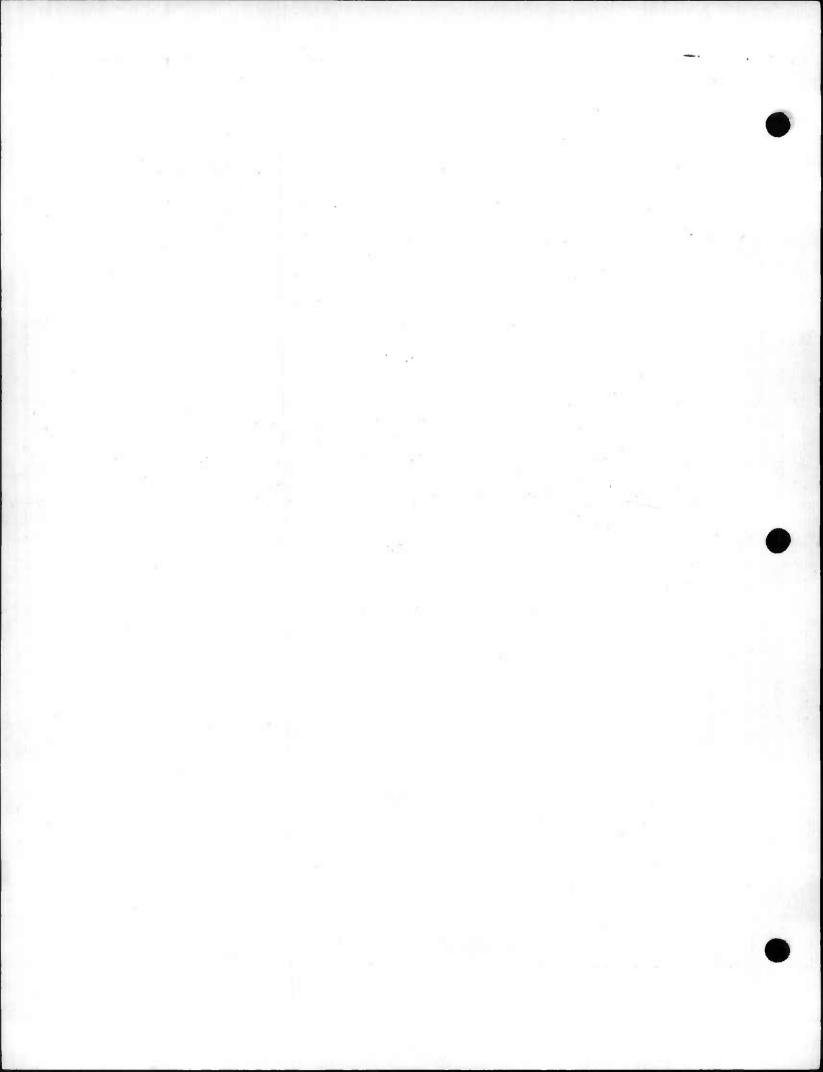


as		
use		
10		
detached		0000
2		4
phous		bellind.
6 5		i
pad		4
irector,		Janes A
funeral d		valmer
the	Mal.	-
3	ЭШЭ	dia.
=	JL L	90
led	n.	-
d completely 1	unial, crematio	ile avant th
3	9	E
Sicla	10	200
Ē	P	40 4
nding phy	Hygiene pri	or other tr
attending phy	rtal Hygiene pri	or other tr
the attending phy	Mental Hygiene pri	tiery or other tr
by the attending phy	and Mental Hygiene pri	v injury or other tr
signed by the attending phy	tealth and Mental Hygiene pri	we any injury or other tr
en signed by the attending phy	of Health and Mental Hygiene pri	showe any injury or other tr
is been signed by the attending phy	ept. of Health and Mental Hygiene pri	22 chause any injury or other tr
has been signed by the attending phy	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 22 chause any injury or other tr

1. DECEDENT'S NAME (First, Middle, Last) JOHN PARK					2. DATE OF DEATH PORTS	4 - 95°	3. TIME OF DEATH 9:20A
4. SOCIAL SECURITY NUMBER 213-60-1046	5. SEX 6. AGE 1 X M 2 F 39	E (In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	· · · ·	TNPLACE (State or Foreign
98. FACILITY NAME (If not Institution, give GREATER BALTIMOR RESIDENCE OF DECEDENT		NTER		OR LOCATION OF DE	ATN	BALTIM	18RE
10a STREET AND NUMBER	HARFORI			RETTSVI 221084	LLE	10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	3543 ANDERS  12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 X NO Specify		Ble Spe	CE — American Indian, ck, Whita, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEOENT'S (Give kind of we life. Do NOT use PRODUC	ork done during m retired.)	IALIST	HEALT	H CARE	HITE
19a. INFORMANT'S NAME (Type/Print)	PARKS	19b. MAILING	ADDRESS (Street	ALICE	ME (First, Middle, Malden S. ABEL  Route Number, City or Tow		
20e. METNOD OF DISPOSITION	PARKS	3543	ANDERS	ON LANE	JARRET	TSVILLE	
1X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	De Love	onetery, cremptory or of	HARK	ETERY ND ADDRESS OF FAC	ERAL HOME	LESVILL	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	BRA  B. DUE TO (OR AS  OUE TO (OR AS	A CONSEQUENCE OF  A CONSEQUENCE OF  TIC AND L  A CONSEQUENCE OF  IEL PERFOR	VENTRIO	CULAR FIB	RILLATION PATHY	ratory arreat,	Approximate Interval Between Onset and Death 10 Mun 5 days
CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:				1 Mente
PART II. Other algorificant condition Long Standing	Rheumatin	ed Arthr	the underlying	g cause given in i	Part I. 24s. WAS AN PERFOR 1 YES 2	MEO?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Ipatient 3 DOA	26. POTHER:	LACE OF DEATH (Che	ck only one)		
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1		28d. DESCRIBE NOW II	NJURY OCCURED	
3 Suicide 8 Could not be datermined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, st ecify)	reet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
	BICIAN: To the best of my know ER: On the basis of examination						(a) and manner as stated.
AND DIGHT AND AND OFFICE AND ADDRESS OF THE PARTY OF THE	B / //	100 105	\	29c. LICENSE NUM	BER //	29d. DATE SIGNE	D (Month, Dely, Year)
29b. SIGNATURE AND TITLE OF CENTURE 30. NAME AND ADDRESS OF PERSON IN	m Ha	in our	,	022	7 3 9	9/	15/9/



	REGISTRAR  1. DECEDENT'S NAME (First, Middle, La	st)	CENTIF	ICATE OF	DEATH	2. DATE OF			3. 1	TIME OF DEATN
	Bernice D. Pull					монтн 09	18	Y	91	12:32 p.
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGI	E (In yrs. last birthday)  Q7 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, E	lay, Year)		Country)	CE (State or Foreign
	493-22-8549 9a. FACILITY NAME (If not institution, gi	22	87 YRS.	9b. CITY, TOWN	OR LOCATION OF O				OF DEATH	ree, MO
CTOR	Calvert Manor N	lursing Home		Risin	g Sun	200		Ceci	1	
W I	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	NTY	10c. Cit	TY, TOWN OR LOC	ATION				10d	I. INSIDE CITY LIMITS?
DIR		CIL Le	TRO	SING S						YES 2 XIO
HAL	1881_TELEGRAP	III DOND			21911		10		S.A.	COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ECENDENT OF NISPA					American Indian,
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR		1 _ YE	ES 2 X NO Specif	y:	art, etc.)		Specify:	White
8	15. DECEDENT'S I (Specify only highest g		(Give kind of	USUAL OCCUPAT	TION most of working	16b. K	ND OF BUSINE	SS/INDUS	TRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 yrs.	IIIe. Do NOT L	ol Teach						
COMPL	17. FATHER'S NAME (First, Middle, Last)	4 y13.	) SCHOOL	or react	18. MOTNER'S NA		SCHOOT die, Maiden Sum		STEW	1
BE C	JWILLIAM DAVI	S					MALON			
10	19a. INFORMANT'S NAME (Type/Print) William Pulliam				t and Number or Rural Road Newal			ete, Zip Co	ide)	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F	2	10b. PLACE OF DISPO			LK, DE	20c. LOCATI	ON City	or Town,	Stata
	4 Donation 5 Other (Specify)		SILVERI		CREMATOR		WILM	ING	TON,	DE
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		RO	OBERT T	JON		OAR	DIN	IC .
-	23. PARVI. Enter the diseases.	or complications that cause	sed the death. Do				ELAWARE a cardiac or respiratory errest, Approximat			
	shock, or heart fallu IMMEDIATE CAUSE (Final	re. List only one cause on	each lina.		, , ,	Inte			Interval Betwee	
	disease or condition resulting in death)		LON META		5					
		DUE TO (OR AS	S A CONSEQUENCE (	OF):						
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE (	OF):						
FICA	CAUSE (Disease or Injury	c. OUE TO (OR AS	S A CONSEQUENCE O	OFI:						
=	that initiated events reaulting in death) LAST	d								
L CE	PART II. Other significant condi	tions contributing to death	but not resulting	in the underly	ing cause given in	Part i. 2	4a. WAS AN AUT			RE AUTOPSY FINDING
SICAL						_	PERFORME		CO	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDI						_				YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA			26.	PLACE OF DEATH (C	heck only one)				
SICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence		Specify)			
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year	Y 26b. TI	IJURY	NJURY AT WORK?	28d. DESCI	RIBE NOW INJU	RY OCCUI	RED	
84	2 Accident Investigati	28a. PLACE OF INJU	IRY — At home, farm,		YES 2 NO	28f. LOCAT	ION (Street and	Number or	Rural Route	Number,
ETED	4 Nomicide 6 Could not detarmine	building, etc. (S	pecify)			City or	Town, State)			
PLE		HYSICIAN: To the best of my kn	owledge, death occur	rred at the time, de	ata and place, and du	e to the cause	o(s) and manner	as stated.		
COMPL		MINER: On the beels of examine	ition and/or investigat	ion, in my opinion	, death occured at the	e time, date as	nd place, and do	e to the c	ause(a) an	d manner as stated
BE	296. SIGNATURE AND TITLE OF GERT	IFIER DO. T	1.00		29c. LICENSE NU	MBER ALT 7	29	d. DATE 8	IGNED (Mo	Of
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 2) (Typ	e, Print)	1 20	1706		1	101	()
	DUDLEY PHILI		INGTON,	MARYLA	AND					
	SFD 1 9 '01	22. REGISTRAR'S SI	GNATURE							



The second of the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.

The second of the bospital or demonstration of removal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

shows my injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN
TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE OFFICE OF THE OFFICE

TO BE COMPLETED BY FUNERAL DIRECTOR

						91
FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) HELEN POLLOCK					2. DATE OF DEATH	, c
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1
216-52-6283	1 - M 2 F	Q 7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/13/98	
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT
CARROLL LUTHERA	N VILLAG	E	WESTMIN	NSTER		C
RESIDENCE OF DECEDENT						

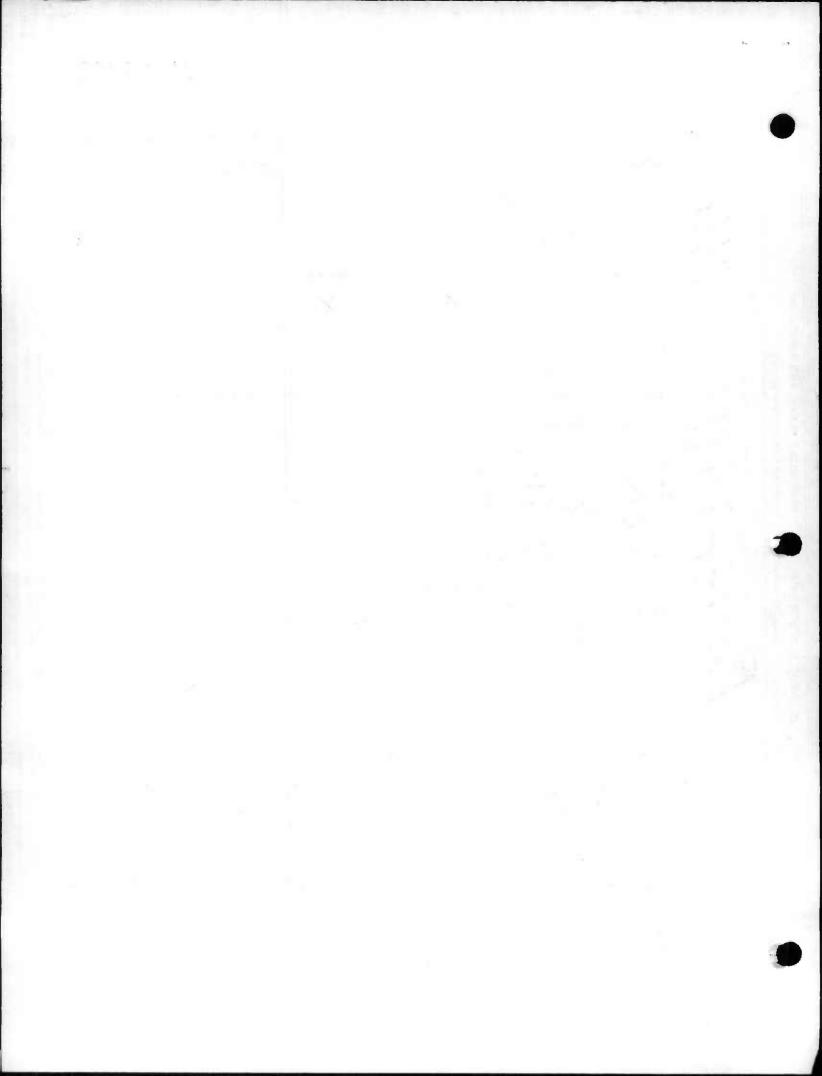
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	MY Y	3. TIME OF DEATH	
HELEN POLLO	OCK								9 3	March	TI HOSam	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDER		# UNDER		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
216-52-628	83	1 M 2 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	12/13/98		VIRGINIA	
9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			96. CITY,	TOWN O	R LOCATI	ON OF D	EATH		Y OF DEATH	
CARROLL LI		N VILLAG	E	DØ.	WES:	TMIN	ISTER			C.	ARROLL	
10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN O	R LOCAT	TON				10d. INSIDE CITY	
MD	Bal	timore		9	PARK	S					1 VES 2 NO	
10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
15309 Fall	s Road					2		1152			ISA	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2		- 11	yes, spe		in, Maxica	NIC ORIGIN? (Specify Year, Puarto Rican, etc.) y:	s or No—	4. RACE — American Indian, Black, White, etc. Specify: White	
15. DECE (Specify only	EDENT'S EDU	CATION completed)	16a	. DECEDENT'S				na	16b. KINO OF BU	SINESS/INOUS	STRY	
Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT u	se retired.)							
9th grade				House	ewife							
17. FATHER'S NAME (First, Mi									ME (First, Middle, Maider			
"Unknown"	Melvi	ın							ie L. Howe			
19s. INFORMANT'S NAME (7)	- CO		9.						Route Number, City or Tov	,		
Virginia L.						_	_	_	ckeysville			
209, METHOD OF DISPOSITION 1 (A Buriat 2 Cremation 4 Donation 5 Other	ON n 3 🗆 Ram (Specify)	oval from Stata	oth	ACE OF DISPO or place) ACK RO				matory or			ty or Town, Stata Maryland	
21. SIGNATURE OF FUNERAL		CENSEE #	A	CK NO	_	_	ID ADDRE	SS OF FA	CILITY		_	
+ Py	1/2	Mari	(2)		9	34	S Ma	ain			al Home ad, Md. 21074	
23. PART I. Enter the di	seasea/ Or o	complications the	at caused the	death. Do		_				-	at, Approximate	
ahock; or he iMMEDIATE CAUSE (Fin		List only one car	use on each	iine.							Interval Between	
disease or condition resulting in deeth)	<b>→</b>	. Sep	ION AS A COL	NSEQUENCE O	PF:						Onset and Death	
disease or condition	dons, diete NG	ale all	hers	SEOUENCE C	PF):	X						
Sequentially list condition resulting in deeth)  Sequentially list condition if any, leeding to immediate. Enter UNDERLY!  CAUSE (Disease or injuit that initiated events resulting in death) LAS	ions, diete NG Iry	b. Ale DUE TO OUE TO d.	OF AS A COL	NSEQUENCE C	(F):	derlying	n csuse	given in	Part I. 24a. WAS AI	N AUTOPSY		
Sequentially list condition if sny, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events	ions, diete NG Iry	b. Ale DUE TO OUE TO d.	OF AS A COL	NSEQUENCE C	(F):	derlying	g csuse	given in	Part I. 24a. WAS AI PERFO	RMED?	Onset and Death	
disease or condition resulting in deeth)  Sequentially list conditi if any, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST	diete NG Iry T	b. Due To c. OUE TO d	OF AS A COL	NSEQUENCE C	(F):				PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
disease or condition resulting in deeth)  Sequentially list conditi if any, leeding to immed cause. Enter UNDERLYI CAUSE (Disease or injut hat initiated events resulting in death) LAS	diete NG Iry T	b. Ale DUE TO OUE TO d.	O (OR AS A COI	NSEOUENCE C	In the un	26. Pt	LACE OF E	DEATH (C	PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immediate. Enter UNDERLYI CAUSE (Disease or injuithat initiated events resulting in desth) LAST PART II. Other significations.	diete NG Iry T	b. DUE TO  C. OUE TO  d	O (OR AS A COI	NSEOUENCE C	OTHER	26. Pt	LACE OF D	DEATH (C	PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 TNO	
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immed cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in desth) LAST PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	diese NG Iry T T Condition	b. DUE TO  C. OUE TO  d	O (OR AS A COI	NSEOUENCE C	OF): In the un	26. Pt 3: sing Hom 28c. INJ	LACE OF D	DEATH (Ci	PERFO 1 YES  heck only one)  S Other (Specify)	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 TNO	
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in desth) LAST PART II. Other algnifices  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   Accident   August 1   August	dons, diste NG I'm condition	b. DUE TO  c. OUE TO  d	O (OR AS A COI	NSEOUENCE CONSEOUENCE THER	26. Pt R: Isling Hom 28c. INJ WO	LACE OF E	DEATH (Ci	PERFO 1 YES  heck only one)  S Other (Specify)	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 T NO		
disease or condition resulting in deeth)  Sequentially list conditi if any, leeding to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in desth) LAST PART II. Other algnifice.  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	one, diste NG I'm condition of MEDICAL	b. DUE TO c. OUE TO d	Decreption of the control of the con	NSEOUENCE CONSEOUENCE THER	26. PL 3: sling Hom 28c. INJ 1 U	LACE OF I	DEATH (C)	PERFO 1 YES  1 YES  5 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Stell	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immed cause. Enter UNDERLY! CAUSE (Disease or injut that initiated events resulting in desth) LAST PART II. Other signification in the condition of the con	o MEDICAL  Pending investigation Could not be described investigation	b. DUE TO c. OUE TO d	Description of the control of the co	NSEOUENCE CONSEOUENCE THER OTHER WE OF JURY M street, fact	26. PI R: sling Hom 28c. INJ WC 1 U	LACE OF I	DEATH (Ci	PERFO 1 YES  1 YES  Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the cause(a) and ma	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immed cause. Enter UNDERLY! CAUSE (Disease or injut that initiated events resulting in desth) LAST PART II. Other signification in the condition of the con	ons, diete NG III III III III III III III III III	b. DUE TO  C. OUE TO  d	Description of the control of the co	NSEOUENCE CONSEOUENCE THER OTHER WE OF JURY M street, fact	26. PI R: sling Hom 28c. INJ WC 1 U	LACE OF E	DEATH (Ci	PERFO  1 YES  1 YES  1 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Street city or Town	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 M NO		
disease or condition resulting in deeth)  Sequentially list condition if any, leeding to immediate cause. Enter UNDERLYICAUSE (Disease or injut that initiated events resulting in death) LAS  PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 NO  27. MANNER OF DEATH  1 Netural 5   4 NO  29 Accident 3 Suicide 6   4 NO  29a. CERTIFIER (Check only 000) 2 MEOI	ons, diste NG III III III III III III III III III	b. DUE TO c. OUE TO d	D (OR AS A COI  D (OR AS A COI	NSEOUENCE CONSEOUENCE THER OF JURY M atreet, factored at the til	26. PI R: sling Hom 28c. INJ WC 1 U	LACE OF E	DEATH (Cinealdence No	PERFO  1 YES  1 YES  1 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Street city or Town	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2  NO  JRED  FRural Route Number,  4. cause(s) and manner as stated.		

Westerniter Mid

31. DATE FILED (MONTH, Day, Year)
SFP 2 4 '91

32. REGISTRAB'S SIGNATURE Julia Davidson Mandale

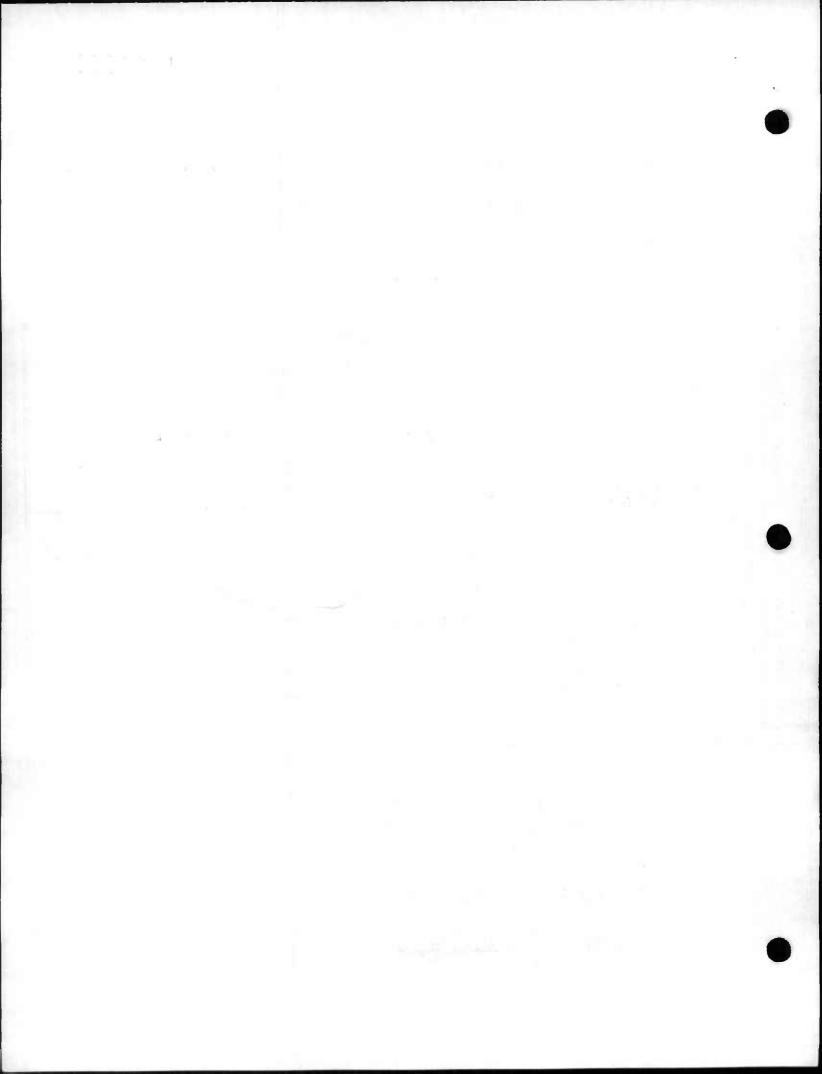
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Lest)		del	Dani -					MONTH		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX		Pric		R 1 YEAR	I I I I I I I I I I I I I I I I I I I	R 24 HRS.	9	OF BIRTH	5	91	1:07 a
220-01-80		1 □ M 2 🔀 F		69 YR	MONTEUM		HOURS	MIN.	Sep	t. 18	. 192		HPLACE (State or Foreign ITY) $M \mathcal{D}$ .
9a. FACILITY NAME (# not in Memoria		ospital			9b. CIT		or Locati	33.11 67	EATH		9c. COU	TO T	DEATH Lbot
RESIDENCE OF DEC	EDENT											Ia.	LDOL
Md.	10b. COUNT	roline		10c.	CITY, TOWN		tion tank						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		totthe					L CL PL IC	_			10a CIT	IZEN OF	₩XYES 2 NO
Route #2	Rox	110 Pn	esta	n Ma	,		2165	5				SA	WIAI COOKINI
11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN	U.S. ARMED		WAS OF	ENDENT (	OF HISPAN	IIC ORIGIN	? (Specify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y	If yes, specify Cuban, Mexican If yes, specify Cuban, Mexican I YES 2 NO Specify						Hican, etc.)			wha, ac.	
15. DECI (Specify only	EDENT'S EOU highest grad	JCATION ie completed)		18a. DECEDEN	of work done	during me	ON ost of world	na	16b.	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		IIIe. Do NO	)T use retired.)	)				0.1			
17. FATHER'S NAME (First, MI	iddle, Lest)	U		Nurse	SAL	ae	18, MOT	HER'S NA	ME (First A	ealth Middle, Maiden	2 Ca	re	<u> </u>
Alexander	McD	onald					ſ			tely	variante)		
19a. INFORMANT'S NAME (7)				19b. MAIL	ING ADDRES	S (Street				er, City or Tow	m, State, Zip	Code)	
Randy Pric								Pres	ston	. Md.			
20e. METHOD OF DISPOSITI  1 Buriel 2 Crematio  4 Donation 5 Other	n 3 🗆 Ran	noval from State	ceme	PLACE AND DA	or other place	)			DATE		CATION -		
21. SIGNATURE OF FUNERAL		CENSEE		Chopt			LTET		CHATV	C/	ropt	ank,	, Md.
7/11													
( ) Polymore .						will	Liam		Fun	eral			
	ent lellure.	complications the	ot ceused	the deeth. E		will Fede	liam	sbur	Fun	Md. S	7163	2	Approximate
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if sny, leeding to immediate cause. Enter UNDERLYII	ons,	a. Due to	Sea PRO)	the deeth. E	Po not ente	will Fede	liam	sbur	Fun	Md. S	7163	2	Interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if sny, leeding to immediate. Set to immediate the cause. Enter UNDERLY!! CAUSE (Disease or injurt that initiated events resulting in deeth) LAST	ons, slete	a. DUE TO b. DUE TO c. DUE TO d.	(OR AS A (OR AS A (	CONSEQUENCE	E OF):	Will Fed or the mo	Piam Pral Pral Pide of dy	s b u r	Fun rg. hes cerd	Md. 2	2163 iratory sri	2 rest,	Interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leeding to immediate. CAUSE (Disease or Injurthat Initiated events	ons, slete	a. DUE TO b. DUE TO c. DUE TO d.	(OR AS A (OR AS A (	CONSEQUENCE	E OF):	Will Fed or the mo	Piam Pral Pral Pide of dy	s b u r	Fun rg. hes cerd	Md. 2	2 1 6 3 iratory sri	2 rest,	Interval Betwee
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if sny, leeding to immediate. Set to immediate the cause. Enter UNDERLY!! CAUSE (Disease or injurt that initiated events resulting in deeth) LAST	ons, liete NG ry	DUE TO  DUE TO  DUE TO	(OR AS A (OR AS A (	CONSEQUENCE	E OF):	BO nderlying 28. Pt	cause of the	S b u h	Fun rg. hes cerd	Md. 2 liec or respi	2 1 6 3 iratory sri	2 rest,	were autopsy finding of death?
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significant resulting in death)  PART II. Other significant resulting in death)  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	ons, liete NG ry	DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:  1   Inputlant 2	(OR AS A (OR	CONSEQUENCE CONSEQUENCE	E OF):	BO moderlying 26. Pt	cause of D	S b u h	Fun tg. h es cerd	Md. 2 liec or respi	2 1 6 3 iratory sri	2 rest,	were autopsy finding of death?
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ons, flete NG Py Int condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A (OR	CONSEQUENCE CONSEQUENCE  It not resulting	E OF):	BO Paring Homes	g cause g	given in i	Part I.	Md. 2 liec or respi	AUTOPSY IMED?	2 rest,	were autopsy finding of death?
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of sequences or injunction or injunction of sequences or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction o	ons, diete NG Production of the Condition  DUE TO	(OR AS A CO	CONSEQUENCE CONSEQUENCE  THE TOT RESULT IN THE TOTAL THE	OTHE OF INJURY M	BO CONTROL OF THE MINING HOME TO SHARE HOME	g cause s	given in i	Part I.  Part I.  Dick only one  B Other  28d. DESC	Md. 2  Ilec or respi  24a. WAS AN PERFOR  1 YES 2  (Specify) CRIBE HOW III	AUTOPSY MED?	2 rest,	Interval Betwee Onset and Des Court and Des	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of sequences or injunction or injunction of sequences or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction or injunction o	ons, filete NG ry f	DUE TO  DUE TO	(OR AS A C	CONSEQUENCE CONSEQUENCE  THE TOT RESULT IN THE TOTAL THE	OTHE OF INJURY M	BO CONTROL OF THE MINING HOME TO SHARE HOME	g cause s	given in i	Part I.  Part I.  Dick only one  B Other  28d. DESC	Md. 2  Ilec or respi  24e. WAS AN PERFOR  1 YES 2	AUTOPSY MED?	2 rest,	Interval Betwee Onset and Des Court and Des
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 6 CACCONDITION RESULT 1 CERTIFIER (Check only 1 CERTIFIER)	ons, flete NG Physical Condition of the	DUE TO  DUE TO	(OR AS A CO	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  It not resulting  It not resulting  All home, far  y)	OTHE OF:	BO CONTROL OF THE MENT OF THE	g cause g  ACE OF D  ACE OF D  ACE OF D  and place,	given in i	Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	Md. 2 liec or respi	AUTOPSY MED?  NJURY OCC	2 rest, 24b	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significes  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 6 CACCONDITION RESULT 1 CERTIFIER (Check only 1 CERTIFIER)	ons, diete NG Production of the Condition  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  It not resulting  It not resulting  All home, far  y)	OTHE OF:	BO CONTROL OF THE MENT OF THE	Crale of dy  Crale of dy  Crale of dy  Crale of dy  Crale of dy	given in i	Part I.  Part I.  Part I.  28. Other 28t. LOCA City of to the caustime, date in	Md. 2 liec or respi	AUTOPSY IMED?  NJURY OCCURRY O	2 rest, 24b CURED or Rural F	Interval Betwee Onset and Day Country of the Countr	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of sequences or injury that initiated events resulting in deeth) LAST  PART II. Other significer  25. WAS CASE REFERRED TO EXAMINER?  1   VES 2   NO  27. MANNER OF DEATH  1   Natural 5   Fig. 1   CERTIFIER (Check only one) 2   MEDIC	ons, diete NG Production of the Condition  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  It not resulting  It not resulting  All home, far  y)	OTHE OF:	BO CONTROL OF THE MENT OF THE	Crale of dy  Crale of dy  Crale of dy  Crale of dy  Crale of dy	given in i	Part I.  Part I.  Part I.  28. Other 28t. LOCA City of to the caustime, date in	Md. 2 liec or respi	AUTOPSY IMED?  NJURY OCCURRY O	2 rest, 24b CURED or Rural F	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	

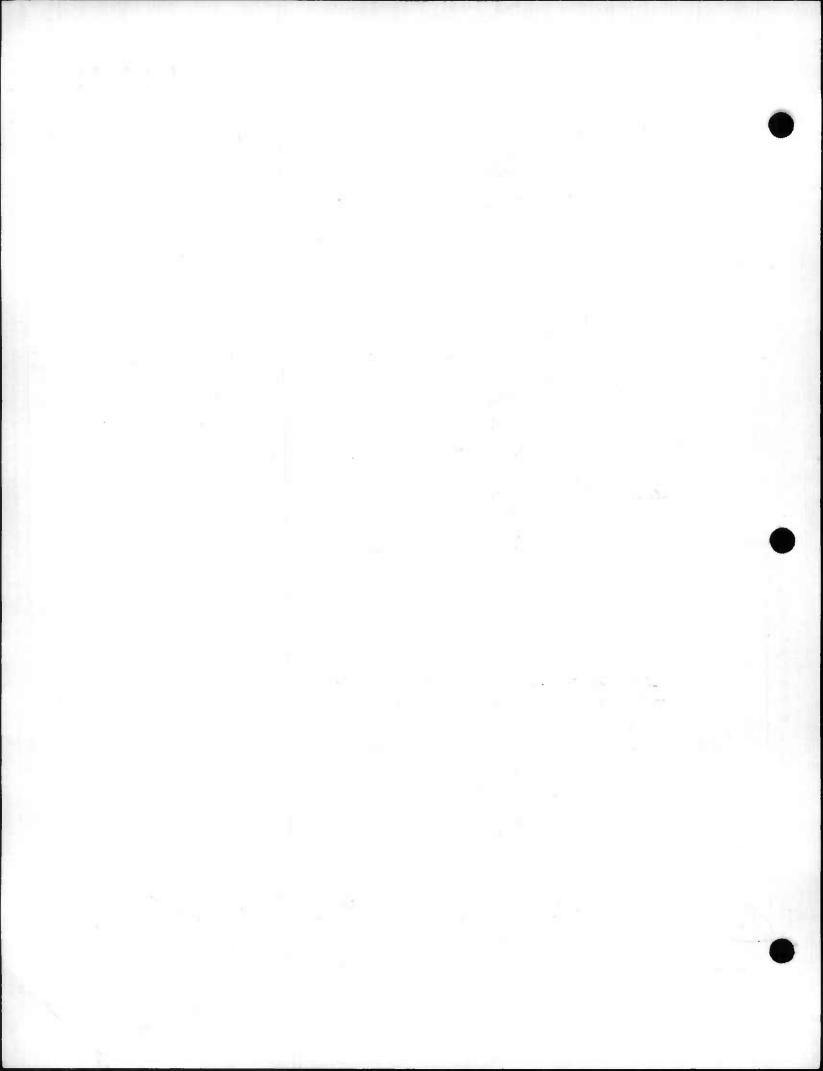


10

BALTIMORE, MARYLAND 21203-3146

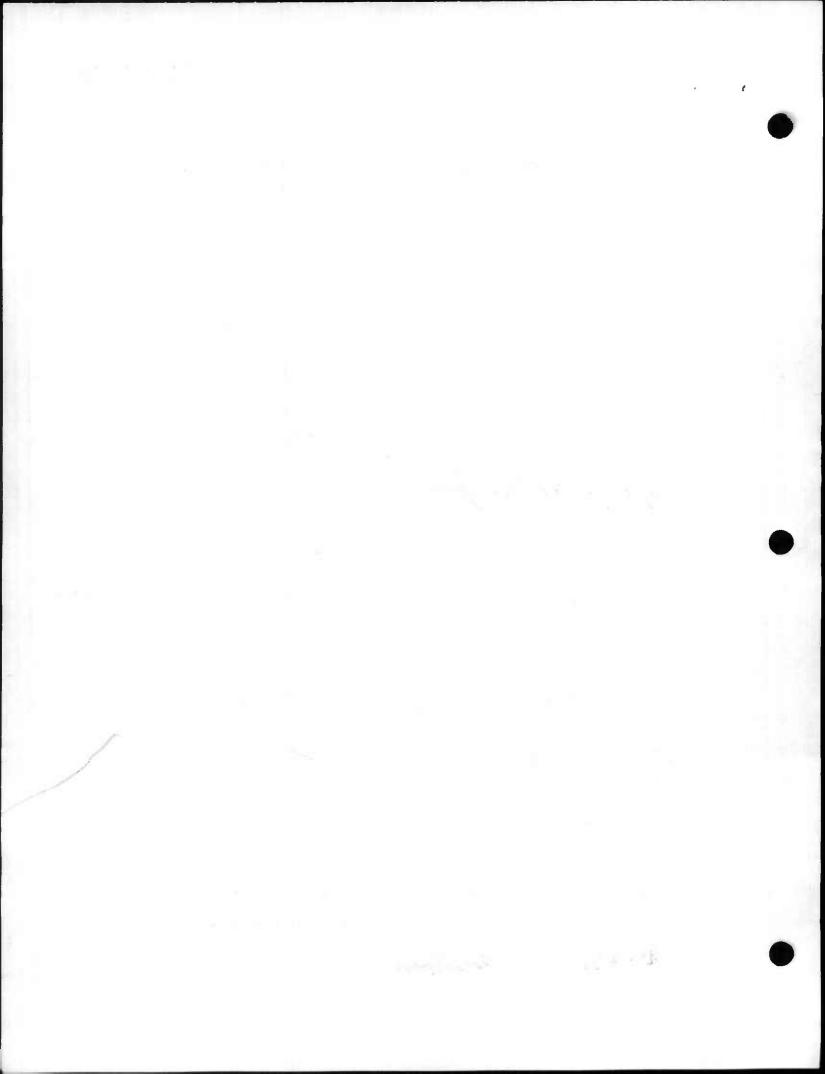
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		9 (
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH D.	9/11/91 YEAR	3. TIME OF DEATH
	tloren		Wee	2747		09 11	91	10.30 AM
	4. SOCIAL SECURITY NUMBER 577 60 6335	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/12/18	Cou	THPLACE (State or Foreign ntry) Thington, D.C.
BO	99. FACILITY NAME (If not institution, give a PRESIDENTIAL WOOD			Adelph:	PR LOCATION OF OR	ATH	9c. COUNTY OF PRINCE	GEORGES
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT		Las come					Tourselle see
DIRECTOR	NA NA	Y		INGTON,	D.C.			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	5004 2nd St.,N.	W. #4			20011			STATES
ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	If yes, sp		IIC ORIGIN? (Specity Yen, Puerto Rican, atc.)	Sp	CE — American Indian, ack, White, etc. ec/ly: ack
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. OECEOENT'S U	SUAL OCCUPATION	ON et of working	16b, KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	BINDERY	retired.)		U.S. G	OVERNME	NT
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE	MICHAEL GREEN  190. INFORMANT'S NAME (Type/Print)		40b MARI MAG	DONESS (Steel	VICTOR	IA GREEN		
2	GLENDORA THOMAS	(DAUGHTER)				Washingto		20011
	20e, METHOD OF DISPOSITION	20	b. PLACE OF OISPOSIT	TION (Name of cer	metery, crematory or	20c. LC	CATION — City or	
	1 🖾 Burlal 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from State	T. OLIVET	CEMETE	RY 9/16		HINGTON	
	21. SIGNATURE OF FUNERAL SERVICE LA	Pope Je	M859	ALEXA		CILITY POPE FUNER ania Avenu		DC 20020
	23. PART I. Enter the diseeses, or	complications that cause	ed the death. Do no					Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		A CONSEQUENCE OF)	QUSE	S			Interval Between Onset and Death
MOIT	Sequentielly list conditions, if sny, leading to immediate	bOUE TO (OR AS	A CONSEQUENCE OF)					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	•				
SE		d						
EDICAL	Breast Stroke,	Sance Press	r. Ane	the underlying the second seco	100	Part I. 24a. WAS AF PERFO	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
Z	l	т						
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TNO	HOSPITAL:		OTHER:	LACE OF OEATH (C)			
HXS	27. MANNER OF DEATH	1 Inpetient 2 ER/Ou			re 5 ∐ Residence	6 ☐ Other (Specify)  29d. DESCRIBE HOW	INJURY OCCURED	
Y PI	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	YES 2 NO			
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, st secify)	reet, factory, offic	20	281. LOCATION (Street City or Town, State	and Number or Rur )	al Route Number,
COMPLETED	CONSULT ONLY	BICIAN: To the best of my kno						
00	2 MEDICAL EXAMIN	ER: On the basis of examinat	ion end/or investigation	, in my opinion, o	seath occured at the	time, date and place, a		
BE	29b. SIGNATURE AND VITLE OF DEPITHER	Tef	M.D.		29c. LICENSE NU	MBER OO (	29d. DATE SIGN	IED (Month, Day, Year)
5	30 NAME AND AGGRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		reeswa	702	41.Dr.
	31. DATE FILES IN BOTH TOR 1649 1	32. REGISTRAND SK	SWATURE Pandelle		T	77, 14		



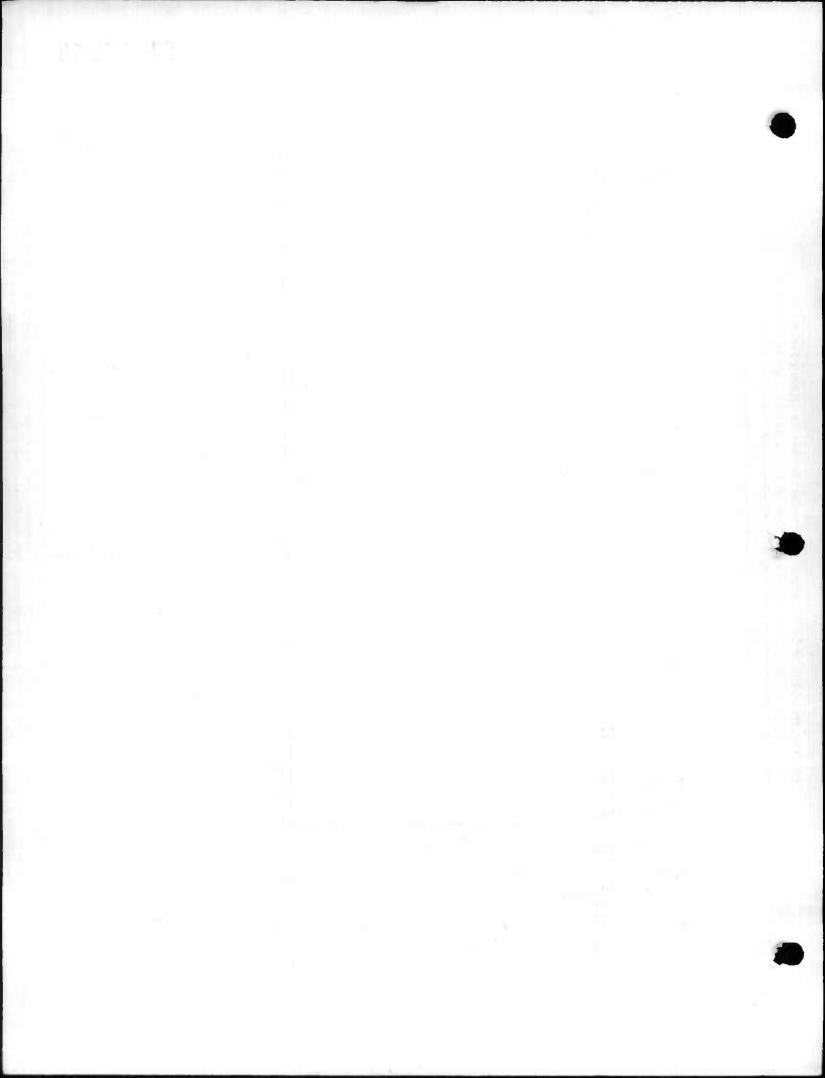
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAP CERTIF	RTMENT OF	HEALTH AI	ND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las.  WILLIE A		BINSO			2	DATE OF DEATH MONTH DA		3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 249-30-9032	1 M 2 D F	GE (In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	res. 7.	DATE OF BIRTH (Month, Day, Year)	B. BIFF	THPLACE (State or Foreign ntry) TH CAROLINA	
NO.	98. FACILITY NAME (If not institution, give 3116 28TH PARKWA			96. CITY, TOWN TEMPLE		OF DEATH		9c. COUNTY OF PRINCE	DEATN	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUN  MARYLAND  PRIN	CE GEORGE		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 3116 28TH PARKWA		TEMP		f. ZIP CODE			1 K YES 2 □ NO		
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	12. WAS DECEDENT EYE FORCES? 12 YE IF YES, GIVE WAR OF WWII. 1945-	ES 2 NO DATES	13. WAS DE	ecify Cuben, M	ISPANIC ( lexicen, P Specify:	ORIGIN? (Specify Year ruerto Ricen, atc.)	Black, White, etc.  Specify:		
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8TH GRADE	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us		ost of working			I SINESS/INDUSTRY	BLACK	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) JOHN ROBINSON	RR'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)  N ROBINSON  SAMELLA G							N ,	
2	190. INFORMANT'S NAME (Type/Print) GAIL R. COOPER				and Number or F	tural Floute		n, State, Zip Code)		
	20e. METNOD OF DISPOSITION 16 Seriet 2 Cremetion 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	Ob. PLACE AND DATE OF STREET LINCO	LN CEME	TERY		9-25-91 B	CATION — City of 1 BRENTWOO!	Town, State D, MARYLAND	
	LYDIA C. THOR	Hourson NTON JOHNSON	beside	THOR	NTON'S	FUNI	ERAL HOME	, POMONI	KEY, MARYLAN	
ILICALION	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. CITCO ON ALL DUE TO (ON ALL DUE T	s A CONSEQUENCE OF	avre,					Approximats intervel Between Onset and Death	
N. MEDICAL CEN	PART II. Other algorificant condition	one contributing to death		in the underlyin	00		1. 24s. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
200	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Sec. 2 No.	HOSPITAL: 1   Inpatient 2   ER/Oc	stpatient 3 DOA	28. PI OTHER: 4 \( \text{Nursing Hom} \)	ACE OF DEATH					
	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year,	Y 28b. TIMI	E OF 28c. INJ	URY AT RK? YES 2 NO	280	1. OESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, a secify)	treet, factory, offic		281	LOCATION (Street et City or Town, State)	nd Number or Rural	Route Number,	
	2 MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the basis of examinat	owledge, death occurre	ed at the time, date n, in my opinion, d	end place, end	due to the	ne chuse(e) end menr , data and place, end	ner ee stated. I due to the cause(	e) and menner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	rele mo			29c. LICENSE	NUMBER 7	79	25d. DATE/SIGNED	19,1991	
	31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF E	10701 11	ent Te	U DR	-, 4	LARGO,	mb, a	20772	
	SP24 91	Salis Varia								



DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last Irene Cora		Roche			MONT	OF OEATH		ar 3. TIME OF DEATH	) <sub>M</sub>
1	4. SOCIAL SECURITY NUMBER 477-16-2882	5. SEX 1 M 2 X F	(In yrs. last birthday) 69 YRS.	IF UNDER 1 YE		7. DATE (Mon 09/	th, Day, Year)		enthactive degree innesota	
1	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TO	WN OR LOCATION OF			9c. COUNTY	OF DEATH	
тог	Leland Memorial	Hospital		Riven	dale			Princ	e George's	_
DIRECTOR	10e. STATE 10b. COUN			TOWN OR L	cation csville				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER	or cooler b	- Incor	nyac	10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	2905 Lancer Driv	re			20782			U.S	.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	13. WAS	OECENOENT OF HISP s, specify Cuban, Maxi YES 2 NO Spe	ANIC ORIGI can, Puerto offy:	N? (Specify Yea Ricen, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
ED	15. DECEDENT'S EC (Specify only highest gra-	UCATION de completed)	16e. DECEDENT'S	ork done durin	PATION g most of working	16	b. KIND OF BUS	SINESS/INDUST	TRY	
LEI .	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+) I Year	Ille. Do NOT us	retired.)	sentative		CCD To	lanhan		
COMPLETED	17 FATHER'S NAME (First Middle, Last) Clifton Elstad	1 Teal	261 ATCE	Kepres				_	e Company	_
BE C	Clifton Elstad				Ida Yng	gstah	1			
TO B	Christopher J. F	toche (Son)	19b. MAILING 2905	ADDRESS (Se Lance)	oot and Number or Aur Drive, V	Nest	nber, City or Tow Hyatts	n, State, Zip Co Ville,	Md. 20782	
	20a. METHOD OF DISPOSITION	moral from State	other place) He	ITION (Name	of cemetery, crematory of	r			or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		ate of ne			FACILITY	[511]	ver sp	ring, Marylan	10
	1 Out /	1/ Sunt	2						Home, P.A. le, Md. 20781	ı
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ъ		):	oma of	Colo	n		Interval Betwee Onset and Deal 25,446	
RTIF	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	):						
MEDICAL	PART II. Other algnificant conditi	ona contributing to death	but not resulting I	n the unde	riying ceuse given	in Part I.	24s. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	86. PLACE OF DEATH	Check only	one)			
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Ou		4 - Nursing	Home 6 - Realdeno					_
	1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	WORK?	28d, DI	ESCRIBE HOW I	NJURY OCCUP	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26e PLACE OF INJUS	RY — A1 home, ferm, a secify)				CATION (Street y or Town, State)		Rural Route Number,	_
COMPLET	one)	/SICIAN: To the best of my kno NER: On the basis of examinet								
ECC	295 SIGNATURE AND TITLE OF CERTIF	IER O			29c. LICENSE	UMBER		29d. DATE S	IGNEO (Month, Day, Year)	_
TO BI	Smeanles	re his			1018	52	ر	19-	17-91	
Ĕ	PAUL A. DE	VOLE W	D 4203	Print) Du	remosso	they !	ed H	yath	17-91 ville M) 2018	?/
	SEP 19-91	32. REGISTRAR'S SIG	don-Randel	2		2				



CERTIFICATION

MEDICAL

PHYSICIAN:

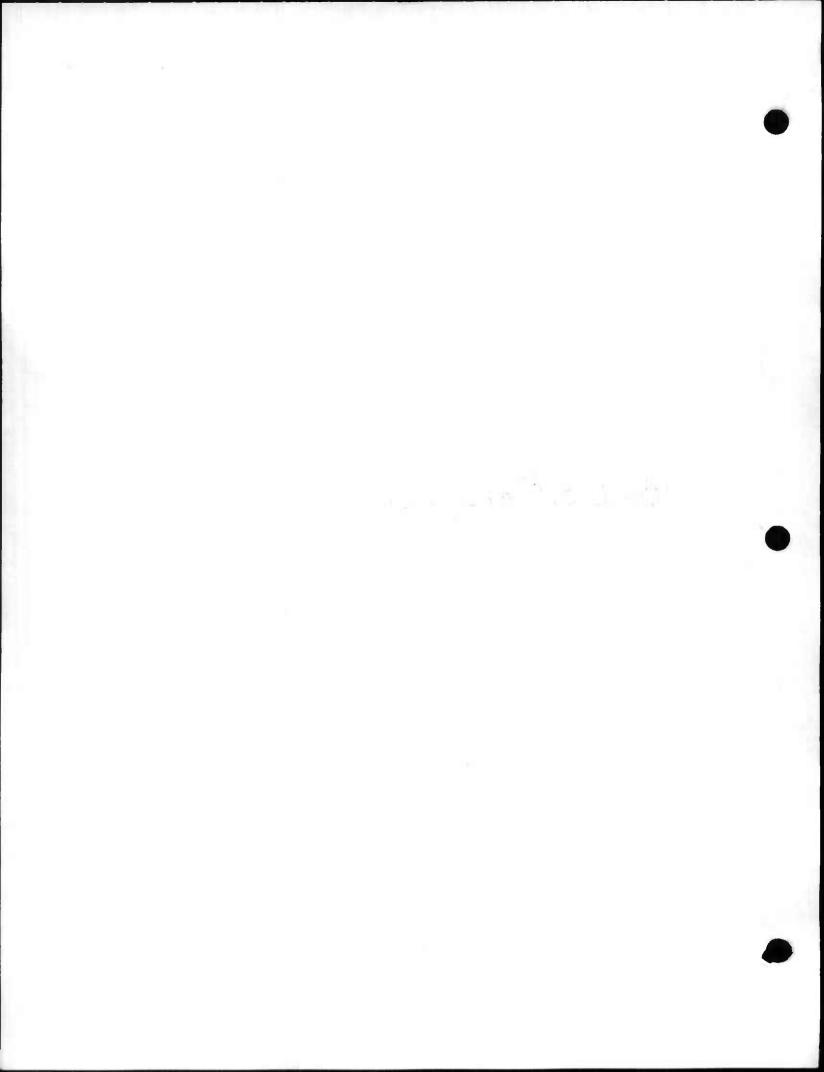
BY

COMPLETED

BE

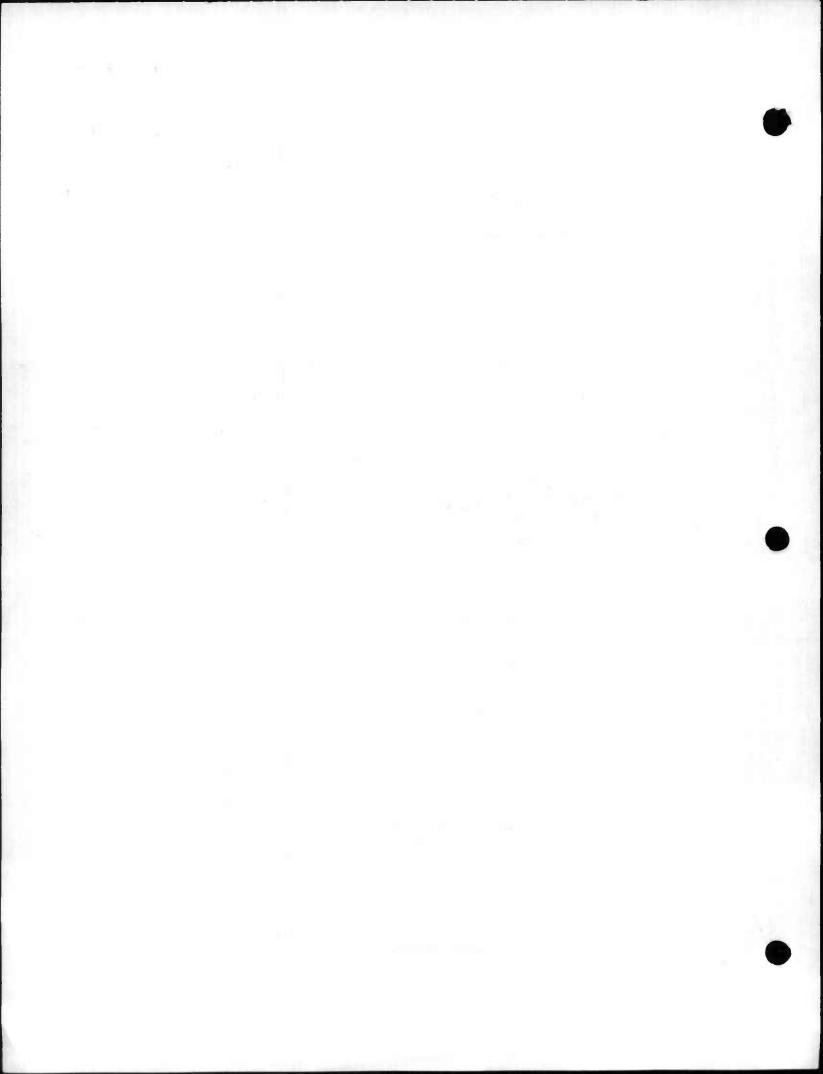
SEP 20 91

REG NO 2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Mary Katherine Mize Redmond Sept. 18 1991 5:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Stete or Foreign May 28 1918 237 60 4045 1 🗌 M 2 🔂 F 73 YRS. North Carolina 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Crofton Convalescent Center Crofton Anne Arundel RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Anne Arundel Crofton 1 YES ZXX NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1769 Regents Park Road 21114 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried 2 NO BY 1 YES 2 NO Specify: Specify: 3 Wildowed 4 ☐ Divorced No White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Nurses Aide Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) James Vardy Mize BE Gertrude Stewart 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Diana R. Geare 309 Washington Street Cumberland Maryland 21502 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Oakwood Cemetery Statesville N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Robert Beall-Evans Funeral Home, P.A. Pres. (ams 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ehock, or heart fellure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Fine) Onset and Death disease or condition Chronic Renal reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 30temia Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING heimer DUE 30 (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO PLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO Accident 28e. PLACE OF INJURY - At home, ferm, street, factory, office 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) arola 20108 18/91 a 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rakesh Arora 14300 Gallant Fox Lane Bowie Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle



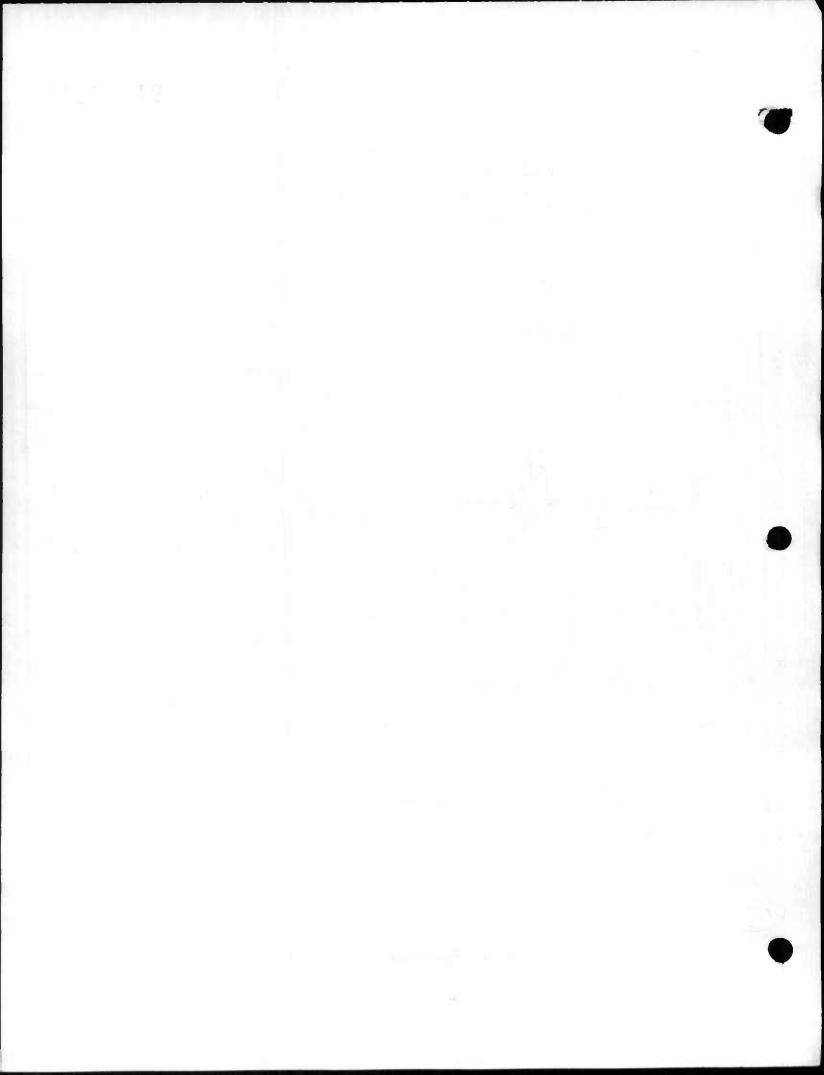
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	)	CERTIFICA	ATE OF DEATH	REG. NO.	3. TIME OF DEATH
	DANIELLE  4. SOCIAL SECURITY NUMBER	A. SMITT	1		MONTH DAY	91 5:26p
1	577-//- 1966.  9. FACILITY NAME (Il not institution, give	10 M 2 D	YRS. MON		Month, Day, Year) 0-8-7	8. BIRTHPLACE (State or Foreign Pennsy) Pennsy Vania
CTOR	HOLY CROSS	HOSPITAL	- 6	CITY, TOWN OR LOCATION OF	ING, MD	MONTGOMERY
L DIRECTO	100. STATE 10b. COUNTY 10b. STREET AND NUMBER	PG	CAPI	TAL HEIGH	ITS	10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	4009 WIL	LSTREET		2074	3	USA
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 NO Spe		No— 14. RACE — American Indian, Black, White, etc. Specify: RIAO K
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	UCATION de completed) Coffege {1-4 or 5+}	16a. OECEDENT'S USU. (Give kind of work of life. Do NOT use ret	fone during most of working	16b. KIND OF BUSINE	SS/INDUSTRY
ш	17. FATHER'S NAME (First, Middle, Last) John Scott	Smith	coneg	18. MOTHER'S	NAME (First, Middle, Maiden Süri	ge Reph
TO B	JAQUELINE UE	ob Collins	196. MAILING ADD 4009	RESS (Street and Number Whun	API to I La	600, ZIP CODO) K. MH 20743
	20e_METHOD OF DISPOSITION  1 Surlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE AND DATE OF DIS	on National	9/3/9 SU	ION - City or Town, State  + / QAID, M. C.
	21. SIGNATURE OF UNERAL SERVICE	Edward		3720 Old	Silver Hill	+ Edwards
	23. PART . Enter the diseases, o shock, or heart felium IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Clast only one ceuse on as	tha death. Do not a th line.	nter the mode of dying, su	y Emb	Ory screet,  Approximats Intervsi Between Onset and Death Ihr.
CERTIFICATION	Sequentielly list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	. Statu	CONSEQUENCE OF):	Cesaniu	ncy n/Secte	den.
MEDICAL	PART II. Other significant condition	and contributing to deeth bu	t not resulting in the	e underlying cause given i	Part I. 24s. WAS AN AUT PERFORMED 1 YES 2	27 AVAILABLE PRIOR TO COMPLETION OF CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PYSS 2 NO	HOSPITAL:		26. PLACE OF DEATH (CHER: Nursing Home 5  Residence		
ву РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUS	RY OCCURED
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, street,	factory, office	281. LOCATION (Street and F City or Town, State)	Number or Rural Route Number,
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY:	BICIAN: To the best of my knowle ER: On the besis of exemination	dge, daeth occurred at s	the time, date end place, end do my opinion, death occured at th	e to the cause(a) and manner to time, data and piece, and du	as stated. e to the cause(s) and manner as stated.
BE	TITLE OF CERTIFIC	alpol	in	D28	JMBER 290	d. OATE STANEO (Month, Day, Year)
2	MAME AND MORESS OF PERSON W					

	1. OECEDENT'S NAME (First, MICE George Arthu			CERTIF				1	DATE OF DE	G. NO.  ATH  DEPAY 14,	1991 ³	2:52
P)	4. SOCIAL SECURITY NUMBER 104-24-9500	5. SEX 1 XM 2 F	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	Month, Day,		a. BIRTHPL Country) Penn:	ACE (State
ECTOR	90. FACILITY NAME (If not institute Doctors Commu	nity Hospita	il		9ь. сітч, Lanh		OR LOCATION	ON OF OEAT		9c. COI	UNTY OF DEA	TH
DIREC		county Prince Georg	e's	-	y, town o		ION	N .			10d. IN	
FUNERAL	100. STREET AND NUMBER 7802 Hanove	r Parkway, T	-1				2077	_			J.S.A.	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Marr 3 Widowed 4 Divorced	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO If yes, specify 1 YES, GIVE WAR OR OATES WITH THE PROPERTY OF THE PRO				ecify Cuba	n, Maxican, i	ORIGIN? (Spe Puerto Rican, o	cify Yes or No-	14. RACE — Black, V Specify:	American Vhita, atc.
LETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	IT'S EDUCATION lest grade completed)  College (1-4 or 5	16a.	DECEDENT'S (Give kind of sille. Do NOT us	work done d se retired.)	luring mos	st of workin			OF BUSINESS/IN	DUSTRY	
at once.	17. FATHER'S NAME (First, Middle,		Of1	ice A	dmI	R.E.	_	HER'S NAME	(First, Middle,	nment -		ate I
TO BE	George Aubre 1990. INFORMANT'S NAME (Type/P)  E. June Smit	rint)							te Number, City	mon or Fown, State, Zi enbelt,		770
must be	20a. METHOD OF DISPOSITION NEXT Suries 2 Cremation 3	☐ Ramoval from State	206. PLAC Mary 1	E AND DATE O	OF DISPOSI	TION (Na	me of		DATE 2	Chelter	City or Town,	Siata
examiner must	21. SIGNATURE OF FUNERAL SEI	E S K	0.	)	22. A	Geor	ge P	ss of Facil . Kal	as Fun	eral Ho Oxon Hi	ome	1 20.
Tother traumatic event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical earliest event, the medical event ev	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	Corebour 70	ase on each ii	ECULAR ECULENCE OF ECULENCE OF	enot enter	the mod	de of dyi	ing, auch a	a cardiac o	reaptretory ar	rest,	Approintervi Onset Gran Year
CE.	that initiated events resulting in death) LAST  PART II. Other significent or	L a										0
hows any MEDICA		The state of the s	death but no	resulting (	n tha unc	rerrying	ceuse g	jiven in Pa	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	AM CO OF	ARABLE PROMPLETION DEATH?
item 23 SICIAN	25. WAS CASE REFERRED TO MEI	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:		EATH (Check		fw)		
BY PHY		Igation	ley, Year)		E OF URY M	20c. INJU WOF 1 Y	JRY AT RK?	28		Other (Specify)  1. DESCRIBE HOW INJURY OCCURED		
m 28 h ETEC	3 Suicide 6 Could 4 Homicide delarr	nined building,	F INJURY — At atc. (Specify)						City or Town			Number,
=   =	(Check only CERTIFYIN	G PHYSICIAN: To the best of EXAMINER: On the bests of at										d manner
PORTANT: IT ILE BE COMPL	29b. SIGNATURESAND TITLE OF C	corneign A a						NSE NUMBE				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the built be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, chemical.  IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND 21215-002	24 mours after death. Page 6 may be retained by the hospital or attending physical	filled in by the funeral director, page 5 should be detached for use as the burn on, or removal.	ne medical examiner must be notified at once.
1 / 6	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, crematic	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

	1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	RTMEN	T OF H	EALTH AI	ND MEN	TAL HYGIEN		1 26968
	1. DECEDENT'S NAME (First, Middle, Last							2. D	ATE OF DEATH		3. TIME OF DEATH
	Albert E. Sim	pson Jr.						MC C			YEAR
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lesi	t birthday)	IF UNDE	1 YEAR	IF UNDER 24 H	es 7 0/	TE OF BIRTH	2 9	BIDTUDI ACE TOWN OF COMME
	577-42-7034	1 💢 M 2 🗆 F	59	YRS.	MONTHS	DAYS	HOURS M	IN. OCT	onth, Day, Year)	. 1931	Washington, D.
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATION				TY OF DEATH
5	Southern MD H	ospital Ce	enter			lin					
DIRECTOR	RESIDENCE OF DECEDENT					· T T 11	ton			Pri	nce George's
器	Monard I Daving	• •		10c. CIT	tlan	OR LOCAT	ION				10d. INSIDE CITY
		ce Georges		Sur	стап	a					1 YES 2 XXNO
FUNERAL	6010 Walton Ave					101	2074	16			NO OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	ER IN U.S. ARI IES 2 N R DATES 1954	MED O		If yes, spe	ENDENT OF H	exicen, Puer	GIN? (Specify Yes to Rican, etc.)	or No — 1	4. RACE — American Indian, Black, While, etc. Specify: White	
E	15. DECEDENT'S ED	UCATION	18e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BU	SIMESS/IMPLI	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Supe	ve kind of Do NOT u	work done se retired.)	during mo:	st of working		Library		
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	S NAME (Fir	st, Middle, Maiden	Sumame)	
ш	Albert E. Simpso	n						Will		Cornainay	
9	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	S (Street as			umber, City or Tow	n State Zin C	(ode)
10	Margaret Simpson		- 6	5010	Walt	on A	Ave. S	uitla	nd, MD.	20746	)
	1 ☑ Burtel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, cren Cedar	ND DATE	of DISPOS ther place)	ITION (Na	me of	1			ly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	cether	Cedar	HII.			777.7	-	0/91 3	uitiai	nd, MD.
	Bourse	1 Joch	, ,				E. W		m,Inc.	4308 S Suitla	Suitland Rd. and, MD.20746
	23. PART I. Enter the diseases, or	complications that cau	sed the dea	th. Do r	not anter	the mov	te of dulna	auch as a	ardian as so an		it,   Approximete
CERTIFICATION	ahock, or beent failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:  Due to one as a consequence of:										Onset and Death One Wk  eas Jean  Jean
MEDICAL	PART II. Other algorificant condition	na contributing to deat	h but not ra	sulting	in the un	derlying	cause give	n In Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 DI	ACE OF DEATH	(Check	ana)		
3	EXAMINER?	HOSPITAL:		7	OTHER	1:					
¥	27. MANNER OF DEATH	1 Inpatient 2 ER/O		28b. TIM			5 🗆 Resider	_			
	1 Natural 5 Pending	(Month, Day, Yee	r)	INJ	URY	28c. INJU WOF	1K?		EŞCRIBE HOW II	IJURY OCCUI	RED
B	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJU	IRY — At hom	a form o	drawt fact		ES 2 NO	_			
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	Specify)		MIDDE, IECK	ory, ornice		281, LG	ty or Town, State)	nd Number or	Rural Route Number,
COMPLETED	Check only one) 2 MEDICAL EXAMIN	ER: On the beet of my kn	owledge, deal	th occume	nd at the ti	me, date e pinion, de	ath occured at	due to the d	cause(e) end men	ner es stated.	euse(s) end manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE			29d DATE S	IGNED (Month Day Mar)
	Thomas of	Treld	Her >	NO	)		DO	192=			Sept 1991
2	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF	OEATH (ITEM	27) (Type,	Print)	3~	andi	o also	ne, M	0	20613
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		1		00	7-00,	001.	1	- 0	2000
	SEP 16 '91	Lulia Day	idam a	ando	0.						



TO BE COMPLETED BY FUNERAL DIRECTOR

le.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MAR	ter death. Page 6 may be retained	the funeral director, page 5 should oval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	70 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TOT	5 3

1 - STATE REGISTRAR		STATE OF M			ICATE (				MENTA	L HYGIEN REG. NO	_		
1. DECEOENT'S NAME (First	t, Middle, Lest)								2. DATE	OF DEATH	-		3. TIME OF CEATN
Russell		G.		Stev		Jr	_		09	1	1 1	991	9:00 P M
217 36 7466		5. SEX	6. AGE (In yrs. la	rst birthday) YRS.	MONTHS D		OURS :	24 HRS. MIN.	(Monti	OF BIRTH. h, Day, Year)		8. BIRTNP Country	PLACE (State or Foreign
9a. FACILITY NAME (If not in			21	THS.	9b. CITY, TO	WN OR I	OCATIO	N OF DE		. 28 1		Mar	yland
Doctor's			nital		Lanh		LOCALIO	N OF DE	AIN				
RESIDENCE OF DEC	CEDENT		spicai		цапп	iaiii					IPLI	nce	George's
Monard and	10b. COUNTY				Y, TOWN OR L	OCATION	4						10d. INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER		ce George	S	Bow	7ie		P CODE						YES 2 NO
13504 01d	Chanel	Road									"		HAT COUNTRY?
11. MARITAL STATUS	onapei	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS		071		IIC ORIGIN	I? (Specify Yes	Un:		States Indian
1 Never Married 2 3 3 Widowed 4 Divo		FORCES? 1	YES 2 X	No.	If ye	YES 27	y Cuban	, Mexica	n, Puerto 1	Rican, atc.)		Black, Specify	- American Indian, White, atc. White
15. OEC (Specify ani	EDENT'S EDU	CATION COmpleted	16a. D	ECEDENT'S	USUAL OCCU	PATION	4		16b	KIND OF BUS	SINESS/IN	DUSTRY	WHILE
Elementary/Secondery (0		College (1-4 or 5+)		a. Do NOT us	e retired.)	ng most of	working.	7					
12				Port	er					Giant	Foo	d	
Russell G.		C								Middle, Meiden	Sumeme)		
19a. INFORMANT'S NAME (		ens, Sr.	140	NAM INC	1000500 (0)				et Ha				
Velma Joyo	.,	zens	"							oer, City or Town			0715
200. METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE O	OF DISPOSITIO	N /Name /	of		DOV			City or Tow	0715
1 ☑ Buriel 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other	(Specify)	oval from State	Lakem	ematory or ot	her plece) lemoria	al G	ard	ens	1				le Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NAN	E AND A	LOORES	S OF FAC	CILITY				ie Harylanu
Kolven	tE	· Elma	noi	tron	) 160	000 111-	Lva Ann	ns l	runei	cal Ho	me, l	P.A.	and 20715
23. PART I. Enter the d	Iseases, or o	complications thet	coused the d	eath. Do n	ot enter the	mode	of dyln	ig, such	es cerd	lisc or respi	ratory ar	rest.	Approximate
IMMEDIATE CAUSE (Findisesse or condition resulting in death)		a. DUE TO	OR AS A CONSE	00	17	2	tu	5					interval Between Onset and Death
Sequentielly list condition of englishing to immediate the course. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diete ING Iry	c	OR AS A CONSE			CS	ماد	او	Th				
2027 11 211 11		4											
PART II. Other eignifics	nt condition	s contributing to d	leath but not	resulting in	n the under	lying ce	buse gi	ven in l	Part i.	24a. WAS AN PERFOR	MED?		VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \subseteq \text{ NO} \)
25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL				2	6. PLACE	OF DE	ATN (Che	ck only on	e)			
1 X YES 2 NO		HOSPITAL:	ER/Outpetient 3	DOA	OTHER:	Nome 5	☐ Resi	Idence (	6 🗆 Other	(Specify)			
	Pending Investigation	28a. OATE OF I (Month, Day		28b. TIME INJU	JRY	INJURY WORK?		NO	26d. DE\$	CRIBE NOW IF	NJURY OC	CURED	
3 Suicide 6	Could not be determined	28e. PLACE OF building, a	INJURY — At he tc. (Specify)	ome, farm, at	treet, factory,	office			261. LOCA	ATION (Street e or Town, Stete)	and Number	r or Rural Roo	ute Number,
29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of n	ny knowledge, de mination and/or	eth occurre	d at the time,	date end on, death	place, a	and due t	to the cau	se(e) end man	ner ee sta	ted. te ceuse(a) s	and manner ee stated.
29b. SIGNATURE AND TITLE	8	man				290		C.M			29d. DAT		Month, Day, Year)
NAME AND ADDRESS OF	111	COMPLETED CAUSE				tre				more		*	d 21201
31. DATE FILES APPLY 20	**91	32. RECISTRAR						,				7 = 0.11	201401
		0		•									

and the specific posts.

	1. DECEDENT'S NAME (First	1, Middle, Last)	E. <	SWAF	FIEL	7)			ATE OF DEATH	DAY	YEAR	TIME OF DEATH
Kin	4. SOCIAL SECURITY NUM	BER	5. SEX		rs. lest birthday) YRS.	IF UNDER 1 YEAR	-	MIN. (A	ATE OF BIRTH fonth, Day, Year)	1916	Country)	ACE (State or Fore
OR C	Doctors Com		street and number)			9ь. сіту, тоw Lanhan	N OR LOCATION		1g. 7,	9c. COUN	Mary]	Н
100	RESIDENCE OF DE				Inc CIT							
DIRECT	Maryland	Princ	e George	's		wie	CATION					d. INSIDE CITY LIMITS? XYES 2
RAL	10e. STREET AND NUMBER						101. ZIP CODE	-			ZEN OF WHA	T COUNTRY?
FUNERAL	2419 Kelfor	d Lane	12. WAS DECEDE	NT EVER IN II	S ADMED	12 140 0	20715	LUOBANIO OD			ted St	
B≺	1 Never Married 2 X 3 Wildowed 4 Dive		FORCES?	1 VES : WAR OR DATE O	2 NO	13. WAS DECENOENT OF HISPANI If yes, specify Cuben, Mexican 1 YES 2 NO Specify:			rto Rican, atc.)		Black, W Specify: Caucas	American Indi Thits, atc.
COMPLETED	15. DEC (Specify onl Elsmentary/Secondsry (I	DEOENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5	+)	life. Do NOT us	work done during se retired.)	most of working		16b. KIND OF BI			
NO.	17. FATHER'S NAME (First, M	Aiddle, Last)		r	atent	Advisor			United		es Gov	rernmer
BE C	William E.	Swaff	ield					a Shaf		ouriency		
10	19s. INFORMANT'S NAME (		1.4					r Rural Route N	lumber, City or To	wn, State, Zip	Code)	
	Betty P. St	ION		20h. Pl	Same a	as #10.			ATE 20c. L	OCATION (	Thu as Taur	Ctate
	1 X Buris! 2 Crematic 4 Donation 5 Other	r (Specify)		_ cemeter	y, crematory or o	Cemeter	У	9/5/		urel,		State
	21. SIGNATURE OF FUNERA	L SERVICE LIE	CENSEE	· 7	nea.	Beal		s Fune	ral Ho			
RTIFICATION	Sequentially list condit if any, leeding to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- thet initiated evente resulting in deeth) LAS	diate ING Jry	Isc	OF AS A CO	NSEQUENCE OF	Lenk	t d	lisers	l			
AN: MEDICAL CE	PART if. Other algolitica		a contributing to	deeth but i	not resulting I	n the underly	ing cause give	ven in Part I.		RMED?	CO OF	RE AUTOPSY F MLABLE PRIOR MPLETION OF ( DEATH?
SICIAN	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	O MEDICAL	HOSPITAL:	ED/Outputle	2 7 204	OTHER:	PLACE OF DEA					
ВУ РНУ	27. MANNER OF OEATH	Pending Investigation	28a. DATE O		28b. TIMI	URY	NJURY AT WORK?	28d. (	OESCRIBE HOW	INJURY OCC	URED	
ا د	3 Sulcide a	Could not be determined	28s. PLACE ( building	OF INJURY — i, atc. (Specify)	At home, farm, s	treet, fectory, of	ffics	2ar. L	OCATION (Street lity or Town, State	snd Number (	or Rural Route	Number,
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and dus to the cause(s) and manner as stated.											Thomas a
MPLETE	one) 2 MEDI	ICAL EXAMINE	29b. SIGNATURE AND TITLE OF CERTIFIER						Igation, in my opinion, death occured at the time, data and place, and due to the cause(s) and n  29c. LICENSE NUMBER  29c. DATE SIGNED (Absum			a menner ss si
E COMPLETE	one) 2 MEDI	ICAL EXAMINE						SE NUMBER	,	-		Hith, Day: Year)
TO BE COMPLETE	29b. SIGNATURE AND TITLE	OF CERTIFIER	y	)			D 1	SE NUMBER		-		
BE COMPLETE	29b. SIGNATURE AND TITLE  30. NAME AND AGORESS OF	OF CERTIFIER	O COMPLETED CAU	SE OF DEATH		Print) Md.	DI		1	-		

1	Spi	Jec.	-
	pho :	otac	nce
ì	the	de	0
	3	D D	35
;	ined	NOUN	flec
	reta	55	100
	be	30e	96
	may	F. D.	15
)	9	acto.	Ē
	Pag	- Oi	9
	4	62	Ē
	dea	2	exa
	the	th the	100
	82	P P	ě
	100	pa d	Ē
	24	I Pol	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hypliene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	W D	In In	946
	urte	o le	2
	900	and o	ша
	pe	cian or t	20
	cate	PySi	1
	rtific	D D D	#
	h ce	Hyg	-
	deat	atte	2
	the	The The	n ic
	hat t	and	6
	a sa	gned	9
	quire	S. He	MO
	A re(	bee!	50
	SAN SAN	Dep	23
	The	ate	E
	AN:	tific:	
	SICI	ce Ce	0,
	PHY	this	100
	NG	fter	Tan-
	NO	F. A	60
	TTE	afte afte	28
	A H	IRE(	E
	N 0	200	=
	PITA	ERA n 7	1
	HOS	A PER	AN
	HE	H Pe	8
	DI	0 m	F
	p-m	P- 0	-

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		MARYLAND /	RTIF	ICATE	OF	DEA	ГН		REG. NO	-		
		Dorothy		_					2. DAT	E OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		. BIRTHPL Country)	ACE (State or Foreign
	579 01 2800 9s. FACILITY NAME (If not institution, give	1 🗆 M 2 🙀 F	77	YRS.						. 11 1		Wash	ington D.
Œ	SO MANY AND	11 -			9b. CITY	, TOWN O	OR LOCATI		EATH		9c. COUNT	Y OF DEAT	тн
DIRECTOR	RESIDENCE OF DECEDENT	170SF	ITAL			CK	101	NO			PAI	NCE	& Koula
REC	10a. STATE 10b. COUNT	TY		10c. CI	TY, TOWN C	OR LOCAT	ION					10	Id. INSIDE CITY
	Maryland Prin	ce George	S	Box	wie								LIMITS?  YES 2 NO
AL	10e. STREET AND NUMBER					101.	. ZIP COD	E			10g. CITIZE		AT COUNTRY?
ER	13124 10th Str	eet					2071	5			Unit	ed S	tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI		13.	WAS DEC	ENDENT C	F HISPA	NIC ORIG	IN? (Specify Ye			American Indian, White, atc.
BY F	1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	_		If yes, spe	2 NO	n, Maxic Speci	ly:	Ricen, etc.)		Black, V Specify:	Vhite, atc.
				lo						0			hite
ETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DE0	VE kind of	Work done ( se retired.)	CCUPATIO	ON st of workin	19	16	b. KIND OF BU	SINESS/INDU	STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	, _							Floor	Couran	inc	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Car	pet	Seam	stre						Tilg	
	GEORGE CRUE									Middle, Malden			
BE	19a. INFORMANT'S NAME (Type/Print)									BARA M			
2	Margaret R. Bad	nott								nber, City or Tow			
	20a. METHOD OF DISPOSITION	gett						t B		Mary1			
М	100 Burial 2 Cremation 3 Ren	noval from State	20b. PLACE A cemetery, cren Arlin	notory or o	of Disposither place)	ITION (Na	me of		OA		CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	Ariin	gtor	Nat	1ona	O ADDRES	met	ery	A	rlingt	on V	irginia
П	01.+6	6			22.	Bea1	1-Ev	ans	Fun	eral H	ome. P	Δ	
	23. PART I. Enter the diseases, or shock or heart fallure	Cuano		ردوا		1600	O An	nand	2110	Rd. B	Owrie M	2237	and 20715
	IMMEDIATE CAUSE (Finel	Liet Only One Caus	se on each line.										Approximate Interval Between Onset and Deat
ATION	disease or condition resulting in death)  a. ARtrial flumbus; Left Inver leg  Due to (or as a consequence of):  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING  Due to (or as a consequence of):												
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	c OUE TO (	OR AS A CONSECU	UENCE O	F):								
	PART II. Other aignificant condition	na contributing to	deeth but not re	aulting	In the un	derlying	cauee g	iven in	Part I.	24a, WAS AN	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS
N: MEDICAL	Arterioseleintie		Disease							PERFOR		CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL/	ACE OF DE	EATH (Ch	eck only o	ne)			
SK	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER		5 🗆 Res	aldence	6 🗆 Oth	er (Specify)			
호	27. MANNER OF DEATH	28e. DATE OF I	INJURY	28b. TIM	E OF	28c. INJU	IRY AT	SIGNIC S		SCRIBE HOW I	NJURY OCCUP	RED	
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	y, Year)	INJ	URY	1 Y	RK? ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At horrite. (Specify)	- At home, lerm, street, factory office 281 LOCATION (Street and Muscles Davids					Rural Route	Number,			
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of n ER: On the basis of exa	my knowledge, daar emination end/or in	th occum	nd et the lir	me, deta a pinion, de	and place, ath occur	and dua	to the ca	use(s) and mar s and place, an	nner as stated. d due to the c	:ause(s) an	d manner as stated.
w I	29b. SIGNATURE AND TITLE OF CERTIFIE					T	29c. LICE				29d. DATE S	IGNEO (Mo	onth, Day, Year)
9 0		and					D 3	52	06		D 51	16/5/	
	30. NAME AND ADDRESS OF PERSON WH	NNIR MO	0. 1170	L	Print)	ston	Rr	, 1	Fi	NASH.	nota.	us	
	31. DATE PED Minh, DE Part	JEMAE DARAS	S.S. JOHN HORSE	102	-						J		

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RIMENT OF		MENT	AL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) WI	LLIAM	Р.	560	отт)	MON	E OF DEATH	16 19	AR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218 - 16 - 5658	. M	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH oth, Day, Year)	8. 1		CE (State or Foreign	
	9a. FACILITY NAME (If not institution, give str	7 0	ins.	9b. CITY, TOWN	OR LOCATION OF		31-1924	Ma 9c. COUNTY	ryla		
0	PENINSULA GENERAL	HOSPITAL		SALISBURY					WICOMICO		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					I. INSIDE CITY	
ā		Wicomico		Fr	uitland				126	LIMITS?	
FUNERAL	100. STREET AND NUMBER 515 Clyde Avenue			.10	r. ZIP CODE 21826	5		10g. CITIZEN	S.A		
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISE	PANIC ORIG	IN? (Specify Yea		RACE - /	American Indian.	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA W. W. II U.	TES		oecify Cuben, Mex 3 2 TNO Spe		Ricen, atc.)		Black, Wh	hite hite	
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.)	ON ost of working	10	Bb. KIND OF BUSI	INESS/INDUST	RY		
MPL	Grade 3		Baker				Sweeth	eart	Bake	ry	
BE CO	17. FATHER'S NAME (First, Middle, Last) Marvin P. Scott						, Middle, Meiden S OWNSENd	iumame)			
TO B	190. INFORMANT'S NAME (Type/Print) William P. Scott,	Jr.	196. MAILING Sar	ADDRESS (Street ne as 10	a,b,c,c	al Route Nu	mber, City or Town,	, State, Zip Cod	le)		
	20e. METHOD OF DISPOSITION  1 M Burlet 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State 20b.	PLACE AND DATE elery, cremetory or a NYTIGE	of Disposition (A	ame of	9-19-		ation — city		4000	
	21. SIGNATURE OF JUNERAL SERVICE LICE			22. NAME A Brads	ND ADDRESS OF haw & So • Main S	FACILITY ONS F	uneral	Home			
z	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	proplications that cause lat only one cause on the Due TO (OR AS A	tray	are d	ode of dying, so	uch aa ca	rdiac or reapin	etory arreat,		Approximate interval Batween Onsat and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	n:							
PHYSICIAN: MEDICAL	PART II. Other significant conditions Seps	•	t not resulting	in the underlyin	g cause given i	in Part i.	24a. WAS AN A PERFORM 1 YES 2 (	NED?	COM OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION DF CAUSE DEATH?  YES 2 NO	
SICIA		HOSPITAL:		OTHER:	LACE OF DEATH (						
HYS	27. MANNER OF DEATH	1 Propertient 2 ☐ ER/Outpa 28e. DATE OF INJURY	28b. TIM	E OF 28c, IN	e 5 Residence	_	er (Specify) ESCRIBE HOW IN.	JURY OCCURE	D		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month De A		M 1	YES 2 NO		N	A			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACÉ OF INJURY building, etc. (Special	— At home, farm, (/y)	street, fectory, offic	•	281. LO Cit	CATION (Street en y or Town, State)	d Number or R	ural Route	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	IAN: To the best of my knowle On the basis of examination	edge, death occurre	nd at the time, date	end place, end de	ue to the co	nuse(e) end menn	er as atated.		4977789.0077	
	296. SIGNATURE AND TITLE OF CERTIFIER	A	-		29c. LICENSE N			29d. DATE SIG		WA - 20 E-	
TO BE	13/19	16			D 20	044		D 9-	. [	4-91	
	JO SEPH RA	COMPLETED CAUSE OF DEA		Print) S	Locust	· SI	s. S	alish	10	md	
	31. DATE FILED SEP 1 8 91	32. REGISTRAR'S SIGNA		er.	-00031				7	1	

See less Stanle

	0
	mental A.V.: The law requires that the death certificate be executed within 24 To
	CA
-	-5
Õ	\$
Ø.	3
-	8
00	5
9	8
-	8
~	9
0	40
m	台
Ξ.	2
<u></u>	E
Ų.	8
α.	-
_	65
S	Ö
~	9
_	400
•	te.
0	#
7	83
$\sim$	-
ш	0
$\alpha$	=
	3
=	
-	2
$\vdash$	hom
	2
~	LÆ.
ш.	¥
5	*
~	- 20
2	-
$\overline{a}$	æ
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTEND
10	13
27	E
>	K
-	H
	0

	1 - STATE REGISTRAR		CERTIF	FICATE C	F DEATH	-	REG. NO	).	- 1 -	Pute 62 2-1-	
	1. DECEDENT'S NAME (First, Middle, La Marv	Dori.s	St. C	lair		140	otember	<sup>AY</sup> 22. 1	EAR	LO:30 P	
- 9	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEA		HRS. 7. DA	TE OF BIRTH onth, Day, Year)	8.		CE (State or Forei	
	220-28-6593	1 □ M XXF	58 YAS.	MONTHS BAY	A HOURS		-18-1		ARYL	AND	
~	9e. FACILITY NAME (If not institution, gi				VN OR LOCATION			9c. COUNTY		1	
è l	Route 234, Rt.	1, Box 239	_	Charl	otte Ha	.11	_	Charles			
DIRECTOR	10e. STATE 10b. COU		10c. Cl	TY, TOWN OR LO	CATION		10d. INS			I. INSIDE CITY LIMITS?	
		CHARLES		CHARL	OTTE H	ALL	10g. CITIZEI			1 YES ZYNO	
RAI	10e. STREET AND NUMBER	20			2062	0				A COUNTRY?	
FUNERAL	RT.#1 BOX 2	12. WAS DECEDENT EVE	R IN U.S. ARMED		DECENDENT OF	HISPANIC ORI		-	I. RACE	American Indian	
BY FI	1 Never Married Married 3 Widowed 4 Divorced	FORCES? 1 Y	R DATES		yes TYNO	Msxican, Puer Specify:	to Rican, etc.)		Specify:		
	15. DECEDENT'S		16a, DECEDENT'S	S USUAL OCCUP	PATION		16b. KIND OF BL	ISINESS/INDUS		WHITE	
ETE	(Specify only highest g Elementary/Secondary (0-12)		(Give kind of	work done during	g most of working						
AP.	11th GRADE		HOME	MAKER			OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				C. L. ACHER		st, Middle, Maide	n Surname)			
BE	ELMER HAYDEN  190. INFORMANT'S NAME (Type/Print)		ton Mail in	O ADDRESS /SH	MAR eet and Number of		ICKLER	wn. State Zio C	ode)		
9	WM.ARTHUR StC	T.ATR		ME AS			and the second	,	/		
	20e. METHOD OF DISPOSITION  Y Y Buriel 2 Cremetion 3 1		20b. PLACE AND OA	TE OF DISPOSIT	ION (Neme	0	ATE 20c. L	OCATION — CH	ly or Town,	State	
8	4 Donation 8 Other (Specify)		of cemetery, cremato	S CH.	<u>CHIMEIMEID</u>		5/91	NEWPO	RT, M	ARYLA	
	21. SIONATURE OF FUNCTION. SERVICE	E LICENBEE	1		HART F		т. ном	E, INC			
	/ / / ha	- 10 / 1 -									
	1 freston	10.100	non		PLATA.						
	23. PART I. Enter the diseases, shock, or heart failu			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Interval B	
	shock, or heart falls IMMEDIATE CAUSE (Final			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Interval B	
	shock, or heart failu			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Onset and	
Z	shock, or heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Onset and	
TION	shock, or heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Onset and	
FICATION	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Onset and	
RTIFICATION	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING			LA not enter the	PLATA .	MARYI g, such aa c	AND 2	0646 plratory arres		Approximinterval Bronset and Smu	
CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE	OF):	PLATA. mode of dylin layse	MARYI g, such aa c	AND 2 ardiec or real	0646 plratory arres	at,	Interval B Onset and 3 mu (e mu 3 yrs	
AL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE	OF):	PLATA. mode of dylin layse	MARYI g, such aa c	AND 2 ardiec or real	0646 piratory arrea  MGO  N AUTOPSY PRIMED?	24b. WI	Interval B Onset and S Mul. S	
AL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE	OF):	PLATA. mode of dylin layse	MARYI g, such aa c	AND 2 ardiec or real	0646 piratory arrea  MGO  N AUTOPSY PRIMED?	24b. WI	Interval B Onset and Smu  Ce mu  Squa  ERE AUTOPSY F BILLABLE PRIOR BINDLETION OF F DEATH?	
MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE	OF):	PLATA. mode of dylin layse	MARYI g, such aa c	AND 2 ardiec or real	0646 piratory arrea  MGO  N AUTOPSY PRIMED?	24b. WI	Interval Be Onset and Smu Ce Mu S 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	a. DUE TO (OR DUE TO (OR OUE TO))))))))))))	AS A CONSEQUENCE	OF):  OF):	PLATA. mode of dylin layse	MARYI g, such as c	AND 2 Pardiec or real AND 2 Pardiec or real AND 2 Pardiec or real AND 2 Pardiec or real	0646 piratory arrea  MGO  N AUTOPSY PRIMED?	24b. WI	Interval Be Onset and Smu Ce Mu S 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SICIAN: MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 DAO	a.  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  AL  HOSPITAL:  1   Inperient 2   ERA	AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting	OF):  OF):  OF):  OTHER: 4   Nursing	PLATA mode of dying  aux  Place of DE Home 5 Briese	MARYI g, such as c  Liver in Part i	AND 2 ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real	O 6 4 6 piratory arrea  N AUTOPSY PRIMED?  2 X NO	24b. WI AM CCO	Interval Be Onset and Smu Ce Mu S 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO (OR A DU	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting	OF):  OF):	PLATA mode of dylin  aux  Reprint  lying cause gi	MARYI g, such as c  Liven in Part i  ATH (Check on 28d.	AND 2 ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real ardiec or real	O 6 4 6 piratory arrea  N AUTOPSY PRIMED?  2 X NO	24b. WI AM CCO	Interval Boonset and Smul Smul Smul Smul Smul Smul Smul Smul	
BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigate Invest	a.  DUE TO (OR A	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting  (Outpetient 3 DOA  ARY 28b, T	OF):  OF):	PLATA mode of dying  approximatelying cause git  28. PLACE OF DE. Home 6 These 2. INJURY AT WORK?	MARYI g, such sa c  Liver in Part i  ATH (Check on 28d. NO 28f.	AND 2 ardiec or real	O 6 4 6 piratory arrea  N AUTOPSY PRIMED?  2 N NO	24b. WI AM CC OF 1	Interval B Onset and S Mul. S	
BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 PAO  27. MANNEB OF DEATH  1 Natural 5 Pending Investigation	a. DUE TO (OR A DU	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting  (Outpetient 3 DOA  ARY 28b, T	OF):  OF):	PLATA mode of dying  approximatelying cause git  28. PLACE OF DE. Home 6 These 2. INJURY AT WORK?	MARYI g, such sa c  Liver in Part i  ATH (Check on 28d. NO 28f.	AND 2  ardiec or real  L 24e. WAS A PERFC  1   YES  Describe How	O 6 4 6 piratory arrea  N AUTOPSY PRIMED?  2 N NO	24b. WI AM CC OF 1	Interval B Onset and S Mul. S	
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigat 2 Accident 3 Suicide 8 Could no determine  29e. CERTIFIER (Check only)  1 CERTIFYING P	a. DUE TO (OR A DU	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outpetient 3 DOA  JRY 28b. T  JURY — At home, farm (Specify)	OF):  OF):  OF):  OF):  OF):  OTHER: 4 ONUSING INLE OF 1, street, factory,	PLATA mode of dying  average  Place of De. Home 6 Place INJURY AT WORK?	MARYI g, such as c  NO  281.	AND 2  ardiec or real  AND 2  ardiec or real  AND 2	O 6 4 6 piratory arrea  N AUTOPSY PRIMED?  2 N NO  INJURY OCCL  of and Number of	24b. Will AM CCC OF 1	Interval B Onset and S Mul. S	
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	AL HOSPITAL:    Topo   Topo   Topo	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outperient 3 DOA  (Outperient 3 DOA  (Specify)  LURY At home, farm (Specify)	OF):  OF):	PLATA mode of dying  available  Place of Delivery  Replace Of Delivery	MARYI g, such as c  NO  281.	AND 2 ardiec or real  L 24e. WAS A PERFC 1 YES  Dither (Specify) DESCRIBE HOW  LOCATION (Street Offy or Rown, State	O 6 4 6 piratory arrea  N AUTOPSY PHMED?  2 N NO  INJURY OCCL  R and Number of henner as states	24b. Wi AM OOF 1	Interval Boonset and Smul Ce Mul Smul Smul Smul Smul Smul Smul Smul Sm	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	a. DUE TO (OR A DU	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outperient 3 DOA  (Outperient 3 DOA  (Specify)  LURY At home, farm (Specify)	OF):  OF):	PIATA mode of dying mode of dy	MARYI g, such as c yen in Part i  ATH (Check on idence 6 0 28d. NO 28f. send due to the d at the time, isse NUMBER	AND 2 ardiec or real  L 24e. WAS A PERFC 1 YES  Dither (Specify) DESCRIBE HOW  LOCATION (Street Offy or Rown, State	O 6 4 6 phratory arrest  N ALTOPSY PRMED?  2 N NO  INJURY OCCL  of and Number of tenner as states and due to the	24b. WI AM CCOF 1	Interval Be Onset and Smu Ce Mul Smu Smu Smu Smu Smu Smu Smu Smu Smu Smu	
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, pr heert falls  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 PRO  27. MANNER OF DEATH  1 Metural 5 Pending Investigat 3 Suicide 8 Could no determine  29e. CERTIFIER (Check only one)  2 MEDICAL EXA	AL HOSPITAL:  1   Inperient 2   ERU    Robert	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outpetient 3 DOA  ARY  (Specify)  As a consequence  (Specify)  As a consequence  (Specify)	OF):  OF):	PIATA mode of dying mode of dy	MARYI g, such as c  NO  281.  ATH (theck on 28d, NO 281.	AND 2 ardiec or real  L 24e. WAS A PERFC 1 YES  Dither (Specify) DESCRIBE HOW  LOCATION (Street Offy or Rown, State	O 6 4 6 phratory arrest  N ALTOPSY PRMED?  2 N NO  INJURY OCCL  of and Number of tenner as states and due to the	24b. WI AM CCOF 1	Interval Be Onset and Smu Smu Smu Smu Smu Smu Smu Smu Smu Smu	

Kayend Collegen -Makertake Paranameter Lying harage alexander and appoint

-	
	١
	1
•	٩
	1
0	
9	
8	
0	
×	
0	
$\approx$	
ш	
-	
Q	
0	
'n	
~	
닖	
Œ	
0	
()	
Inf	ď
~	
-	1
_	
A	
100	ca
3	ű
-	
L	
OF VITAL RECORDS, P.O. BOX 68760,	
SION	
0	
=	
S	

STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Edna Stan ford 40D 9-22 7. DATE OF BIRTH (Month, Day, Year, A SOCIAL SECURITY NUMBER 5. SEX & AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 129-12-3036 YRS. 01-04-17 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore County General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Sykesville 1 YES 2 NO permit. 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 7420 Village Road Apartment 17 use as the burial-transit 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried ВУ Black 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) LPN Health Care once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Morgan Stanford Violet White to BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Diane Cooper 7002 MacBeth Way Eldersburg, MD 21784 Pe 20s. METHOD OF DISPOSITION

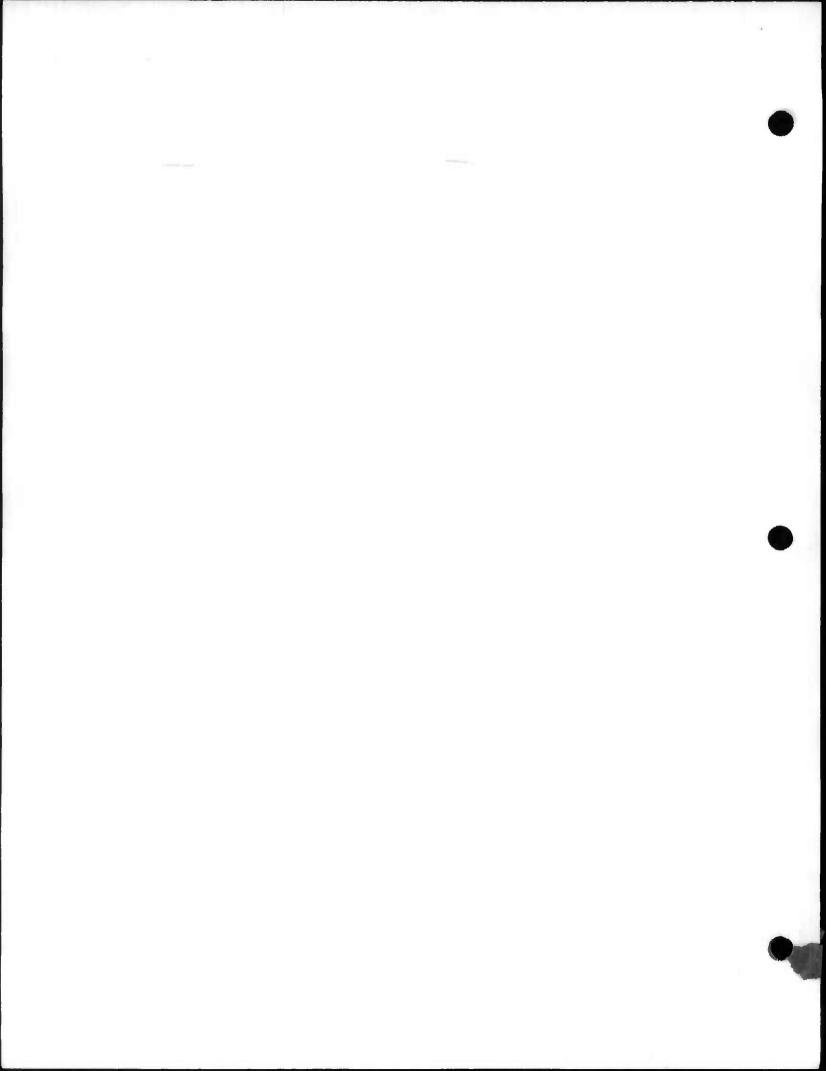
\$\tilde{\cappa}\$\tilde{\cappa}\$ Burlei 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) \_\_\_\_\_\_ 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State medical examiner must St. Lukes Church Cemetery 9/27 Sykesville, MD 22. NAME AND ADDRESS OF FACILITY
HAIGHT FUNERAL HOME (P.O. Box 195) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral Brian Sykesville, MD 21784 (301)-795-1400 removal. 23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximata filled in by shock, or haert fellure. List only one cause on Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final Stroke and completely filled burial, cremation, o rite the diseese or condition resulting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): ending physician an Hygiene prior to b if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): attending resulting in deeth) LAST 0 death the atten Mental I Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS it: Person requires that the PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Health and Diabetes Mills tus State Dept of Health and Item 23 shows any 1 | YES 2 NO Cardio Vascular Do Erasa 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: L DIRECTOR: After this certificate; To DIRECTOR: After this certificate to bours after death with the State petient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 4 - Nun 6 26c. INJURY AT WORK? 27. MANNER OF DEATH 26e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY marked. 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 6 Could not be datermined -COMPLETED 4 Homicide 28 Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE House Physin Oumo 22 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) dallstown Ran Sie Kiem Ong mD. Balti ( Jen - Cor Hospita 32. REGISTRAN'S SIGNATURE
Julia Davidson-Handale 31. DATE FILED (Month, Day, Year) SEP 2 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (Floor, Middle, Lest)	CE. E. TEAL J	R	2. DATE OF DEATH DAY	15 9 YEAR	3. TIME OF DEATH M
4. SOCIAL SECURITY NUMBER 146-34-2640	10	UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 19 (Month, Day, Yeer)	42 8. BIRT	1 1
90. FACILITY NAME (If not institution, give st	root and number)  E A diventist Hospital	ROCKU ILLE		Montgo	DEATH
RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		OWN OR LOCATION		1 120.3	10d. INSIDE CITY
md. Mo	ntgomery Go	as thers bur	5 -		1 YES 2 NO
33 Travis	Ct.	2087	9	U.S	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ⊠ YES 2 □ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)	or No — 14, RAC Blac Spec	E - American Indian, ck, White, atc. city: Black
15. DECEDENT'S EDU (Specify only highest grade	completed) (Give kind of work	k done during most of working	16b. KIND OF BUSII	NESS/INDUSTRY	Black
Elementary/Secondary (0-12)	College (1-4 or 5+) Computer	r Software Devel	per IMS	5 Se	ruices
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Maiden S	umame)	.0 ==
190. INFORMANT'S NAME (Type/Print)	19b. MAILING AE	DDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
Shirley lea-	20b. PLACE OF DISPOSITI	Kincaud Ct. (	hantilly	UA. 2	2021
1 If Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		b Family Cen	netery Cre	eux Ui	TSIRIA
21. SIGNATURE OF FUNERAL SERVICE LIC	Sell for	FUNCIAL HO		x \$ 159	9Teston Rt-460East
	complications that caused the death. Do not List only one cause on each lins.	enter the mode of dying, su	ch as cardiac or respire	story srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cardine	arrest			Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):	ecton.			1>12
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	Ce		_	12145
CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):				1
PART II. Other significant condition	na contributing to death but not resulting in	tha undariying causa given in	PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
			1 _ YES 2	□ NO	OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO	1   Inpatient 2   ER/Outpatient 3   DOA   4	OTHER:   Nursing Home   5   Residence			
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year) 28b. TIME (INJUR	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, farm, strebuilding, etc. (Specify)	eet, factory, office	28f. LOCATION (Street et City or Town, State)	nd Number or Rura	l Route Number,
(Critick Orlly	HICIAN: To the bast of my knowledge, death occurred ER: On the basis of examination and/or investigation,				e(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE N	UMBER -	29d. DATE SIGNI	ED (Month, Day, Year)
30. HAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P	Grove Rd	Rocco, 11	e no	
31. DATE FILED (Honth, Pay band 0 1	32. REDSTRAR'S SIGNATURE Randall		<i>U</i> = 0 77	`	

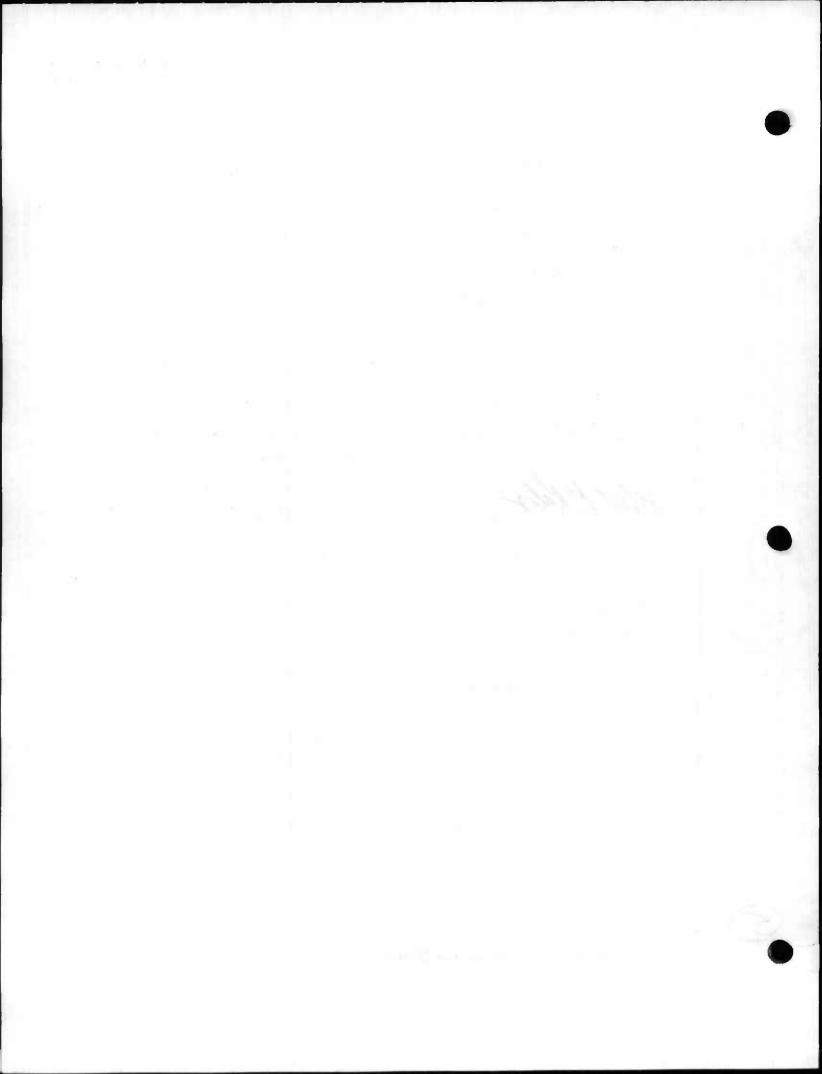


DHMN-16 Rev 1/89

	once.
	100
	notified
	å
	must
al.	Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
or death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	nedical
É,	9
ematic	at, th
5	2
pona	atic
2	Ĕ
Suga	ğ
giene g	other
Î	6
Menta	njury.
and	7
tealth	WS 27
6	3
Dept.	23
State	Item
the	0
WITH	ked,
death	E
16	-00

FOR

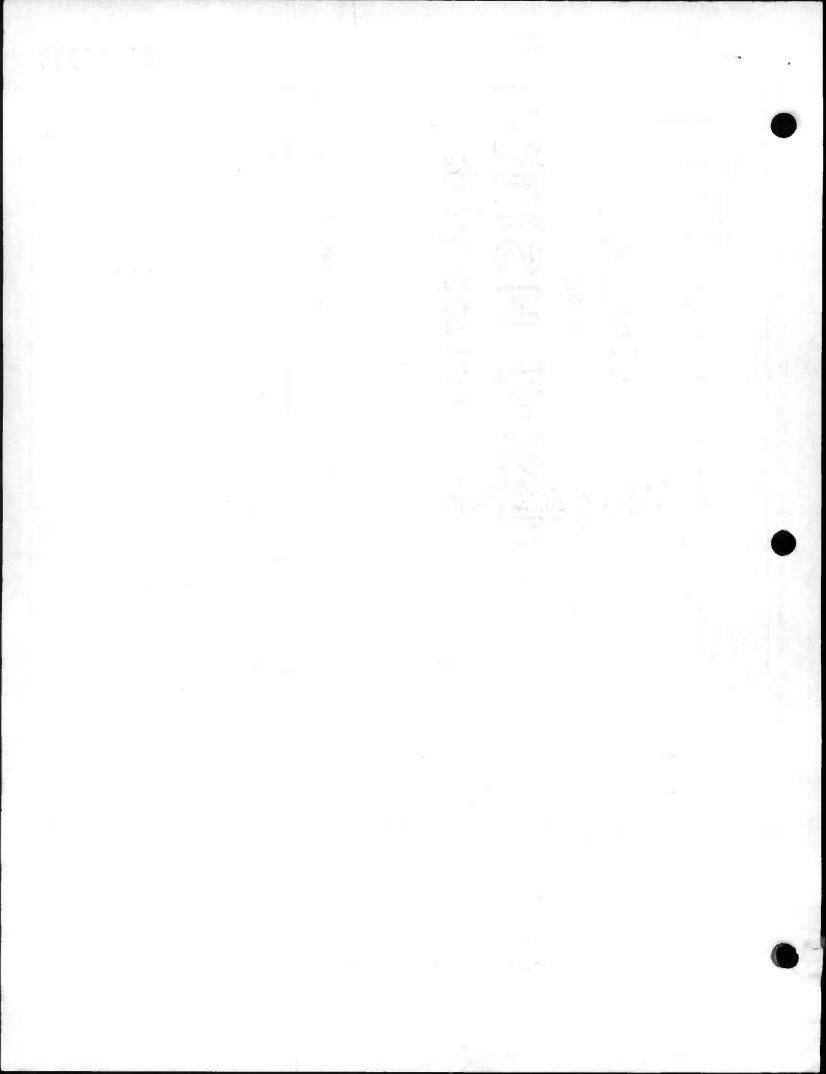
1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIE		4.6	
1. DECEDENT'S NAME (First, Mic	Loomed Tippel			2. DATE OF DEATN		YEAR 122 Am A	
4. SOCIAL SECURITY NUMBER 577–26–7558	1XXM 2 □ F 67	In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)  Aryland	
90. FACILITY NAME (If not instituted to the state of the	WAND HOSF	ITAL 9b.	CLINTON	DEATH	9c. COUNT	NOF DEATH NCK GEONGE	
Maryland	Anne Arundel	10c. CITY, TON	VN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
6906 Milton	Ave. P. O. Box 35					S . A .	
100. STREET AND NUMBER 6906 Milton  11. MARITAL STATUS 1 Meriod 2 Meriod 3 Widowed 4 Divorced	ried FORCES? 1 X YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT EVER IN U.S. ARMED II. WAS DECEDED IN YES SHOWN II. WAS DECEDED.			Yes or No- 1	14. RACE — American Indian, Black, White, etc. Specify White	
15. OECEDE (Specify only high Elementary/Secondary (0-12) 7 7 FATNER'S NAME (First, Middle 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDDLE 17, FATNER'S NAME (FIRST, MIDLE 17, FATNE	NT'S EDUCATION hest grade completed) College (1-4 or 5 +)		one during most of working ad.)	20072=2000	BUSINESS/INDUS	STRY	
17. FATNER'S NAME (First, Middle	(ast)	Carpenter			tructio	on	
				e A. Coomb			
19a INFORMANT'S NAME (Sme)		19h MAILING ADDI	RESS (Street and Number or Run		_		
	chardson, O.S.C.	727 – 5	th St., N. W	., Wash.,	D. C. 2	20001	
1 M Buriel 2 □ Cremetion : 4 □ Donation 5 □ Other (Spe	celly)	PLACE AND DATE OF DIS IST Y TAIN OF VOICE	terans Cemet	ery 9/17/9	1 Chelt	cenham, Md.	
· What	P. Kalor		22. NAME AND ADDRESS OF George P. Ka 6160 Oxon Hi	11 Rd. Oxon	n Hill.	Md.20745	
ehock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death)	sea, or complicatione that caused fellure. Liet only one cause on each of the complete of the caused fellure. Liet only one caused fellure. Liet only one caused fellure.	ech line.				tt, Approximate interval Between Onset and Deeti	
Sequentielly liet conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa reculting in deeth) LAST	a.	CONSEQUENCE OF):					
resulting in deeth) LAST	d						
25. WAS CASE REFERRED TO ME EXAMINER?  1  27. MANNER OF DEATH	onditions contributing to deeth be	ut not resulting in the	underlying couse given i	n Part i. 24e. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	OTH	26. PLACE OF DEATH (C	Check only one)		J	
1 YES 2 NO	1 X Inpetient 2 ER/Outp	etlent 3 DOA 4 D	Nursing Nome 5 - Rasidence	8 Other (Specify)			
1 Matural 3 Pend	28e. DATE OF INJURY (Month, Day, Year) Itigation	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
2 Culita	d not be mined 28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, atreet,	tectory, office	28f. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,	
29e. CERTIFIER (Check only one) 2 MEDICAL	NG PNYSICIAN: To the best of my knowle	edge, death occurred at ti	ne time, date end place, and do	e to the cause(s) end m	anner as stated.	Supple) and manner on dated	
296. SIGNATURE AND TITLE OF	the state of the s	~	29c. LICENSE NI	JMBER	_	GIGNEO (Month, Day, Year)	
30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF DE	(ITEM 27) (Type, Print)	Oswald Hays,	M.D.	1, /	/0 //	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE Ande M.	4 20	130			



DHMH-18 Rev 1/89

ding physi	the buria			
tal or after	for use as			
v the hospi	e detached		it once.	
retained by	5 should b		notified a	
6 may be	ector, page		must be	
death. Page	funeral din		examiner	
hours after	ed in by the	or removal	medical	
within 24	mpletely fills	cremation,	rvent, the	
be executed	cian and co	or to burial	anmatic e	
h certificate	Inding physic	Hyglene pri	or other to	
at the deat	by the atte	and Mental	ly Injury,	
requires th	been signed	of Health	shows an	
W: The law	ificate has t	State Dept	r Item 23	
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
R ATTENDIA	RECTOR: Af	urs after de	m 28 ls 1	
OSPITAL OF	UNERAL DI	ithin 72 hou	ANT: If Ite	
TO THE H	TO THE FI	be filed w	IMPORT	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		ey M. Tyre	e		2. DATE OF MONTH Sept	DAY		11:02 P.
4. SOCIAL SECURITY NUMBER 217 90 3901	1 8M 2 0 F	3 YAS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	29 19	78 N	IRTHPLACE (State or Foreign Journey) Iaryland
9a. FACILITY NAME (If not institution, give Route 272 & Warb		9	North	East	EATH		Cecil	
10a. STATE 10b. COUNT	cil		ton	TION				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 102 Hearthstone	Drive	- 1	10	21921				OF WHAT COUNTRY?
11. MARITAL STATUS  1 X Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 XNO Specify	n, Puarto Ric			RACE — American Indian, Black, While, atc. Specify: White
15, DECEDENT'S EDI (Specify only highest gred Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Stud	rk done during me retired.)	st of working	Pe	Perryv	le Mic	m ddle School Maryland
17. FATHER'S NAME (First, Middle, Leet) Danny Layne Ty	ree			Cathy	S. Am	os		
James Howard Tyr				one Driv		kton,	MD. 2	1921
28a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	G.	bb. PLACE AND DATE ( cemetary, crematory of ilpin Mand	or Memo	rial Par		2	-	or Town, Stata Maryland
21. SIGNATURE OF FUNERAL SERVICE L  23. PART I. Enter the diseases, or	& Aliah	1	Hicks Bow &	Home fo	r Fun n Sts		21	
ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Frac  OUE TO (OR AS	tured A CONSEQUENCE OF)		eck		1	ular	Interval Between Onset and De
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF)						
PART II. Other algnificent condition	ona contributing to deeth	but not resulting in	the underlyli	ng cause given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	WED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIDR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			Street	1
27. MANNER OF DEATH  1 Natural 5 Pending	1   Inpatient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year) 9-19-91	28b. TIME	OF 28c. If	DURY AT ORK? YES 2 W NO	28d. DE\$	CRIBE HOW IN	JURY OCCUP	- 4000011901
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide datarmined	28e, PLACE OF INJUI	RY — At home, farm, at	21		001 1 001	TION (Or		Rural Route Number, Nort
(Check only	SICIAN: To the best of my known				a to the cau	se(a) and man	ner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	EN			29c. LICENSE NU	JMBER 3 C /	3	29d. DATE 5	CANED (Moreth, Day, Year)
30. HAME AND ADDRESS OF PERSON V	VHO COMPLETEO CAUSE OF I	DEATH (ITEM 27) (Type,		Sh.	+	FIL	1	40
31. DATE FILED (Movin, Day, New)	32. REGISTRAR'S SK		.3000	0.00	L	1 1	104	- 1~



6

DENNIS CHUTE M.D.

32. REGISTRAR'S SIGNATURE Lilia Davidson-Randalle

SEP 23 '91

91 26978 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Tyrec 2. DATE OF DEATH 3. TIME OF OEATH YEAR DANNY LAYNE 9 91 11:02 P M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 F 216 56 8022 Sept 13 1949 West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RTE. 272 &WARBURTON RD NORTH EAST CECIL DIRECTOR use as the burial-transit permit, Pages 1, 2, RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Elkton 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 102 Hearthstone Drive 21921 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2X NO Specify Specify White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver General Construction once. 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Meiden Surnam James Howard Tyree Freda M. Dangerfield at a notified tee. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Howard Tyree 102 Hearthstone Drive, Elkton, MD. 21921 Pe 20 METHOD OF DISPOSITION
1 Burlet 2 Cremetion 3 Removal from State ob.PLACEAND DATE OF DISPOSITION (Name of DATE Coc. LOCATION — City or Town, State Park 9/22/91 Elkton, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals Bow & Stockton 5ts Elkton, Maryland 21921 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, completely filled in by i Approximate shock, or heart fellure. Liet only one cause on each ilna. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in death) DUE TO OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? s been signed by pt. of Health and 3 shows any i PERFORMED? 1 X YES 2 NO YES 2 | NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State C riked, or item EXAMINER? HOSPITAL . OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) STREET 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 9 - 19 - 91 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED DRIVER is marked, 1 Natural
2 Accident
3 Suicide 0:52Pm 5 Pending 1 YES 2 NO DIRECTOR; After the hours after death vitem 28 is mart BY AUTO - AUTO IMPACT 28e. PLACE OF INJURY — building, etc. (Specify) 281. LOCATION (Street and Number of Russ) Route Number City or Town, State) RTE 2 2 and WARBURTON RD. NORTHEST At home, lerm, street, fectory, office ETED. 8 Could not be 4 Homicide STREET MD 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) SEPTEMBER 20,1991 hute mo O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN ST. BALTIMORE, MD. 21201

DHMH-16 Bey 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	file	ou,	he
TO THE HIGH DISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the	TO THE PLINERAL DIRECTOR THE THE COMPLETE has been signed by the attending physician and completely fille	be the warm 72 form the feet wen the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 21, is premied, or item 23 shows any injury, or other traumatic event, the
₩ P	dw	C.	2
cute	9	uria	유
900	n ar	2	E
e pe	sicia	nior	tra
ficat	É	9	Je.
certi	fing	ygie	8
ath	tten	T T	0
e de	e a	Wem	3
II IP	Dy t	Pul	트
the s	pa	=	3
uire	Sign	문	SW.
red	Deer	0	S
W.	385	Depl	23
T	ate	tate	E
MAI	rife	he S	0
曼	20	6	Ti.
Ř	E	2	Œ.
景	虎	量	3
E	Æ	À	2
Œ	5	10	Z
8	G	2	五
西	PAL	2	=
ğ	341	畜	E
* 3	H 3	S. D	E
直	Ē	#	£
H	H	Z	=

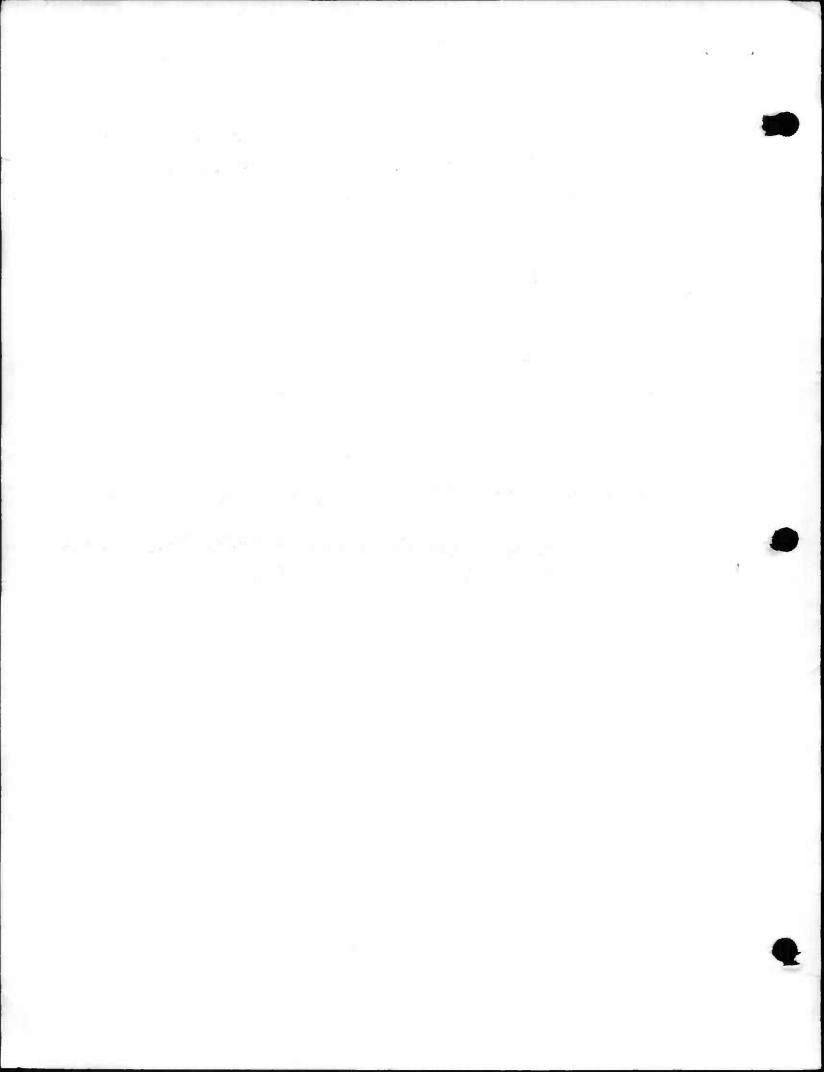
31. DATE FILED (Month, Day,

24

'91

									9	26	979
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEATH
		IOSTEN					MONT	9 2	0 9		06:10 AM
			yrs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	1- 1	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street		1110.	Oh CITT	TOWAL C	OR LOCATION OF DE	10	1261	9c. COUNTY		vland
œ	Baltimore County (	·	sital			lstown	-AIH		Balt		
6	RESIDENCE OF DECEDENT	Elerar nost	ıtaı	Ra	IIQaı	TSCOMIT			Balt.	THOTE	3
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10-	d. INSIDE CITY LIMITS?
	Maryland Baltin	nore	Ba	Baltimore							☐ YES 2 🛣 NO
FUNERAL	100. STREET AND NUMBER  1 Flinn Court Apt 1B				101	. ZIP COOE					T COUNTRY?
빌					WAS DEC	21207 ENDENT OF HISPAN	VIC ORIGI	12 (Specify Yea		S.A.	American Indian,
	1 🔀 Never Merried 2 🗌 Merried	FORCES? 1 YES	2 NO	- 10	If yee, sp	ecify Cuben, Mexice 2 NO Specify	n, Puarto			Black, W Specify:	Thite, atc.
B	3 Widowed 4 Divorced					- <b>J</b> V				.,,	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		18e. DECEDENT'S (Give kind of	work done	during mo	ON st of working	186	. KIND OF BUS	INESS/INDUS	TRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u								
<b>8</b>	17. FATHER'S NAME (First, Middle, Last)		C	ook	_	18. MOTHER'S NA	ME (First.		sing F	tome	
	Howard Tosten					Flore	nce	Guusfo	rd		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street a	and Number or Rural F	Route Num	ber, City or Town	, State, Zip Co	ode)	
2	Mrs. Mary Wyand						Bal	timore	, MD		
	20e. METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Remova	from State	other place)			metery, crematory or		20c. LO	CATION — CIT	y or Town,	State
	4 Donetion 5 Other (Specify)		t. Paul			Cemeter		Ha	gerst	own,	MD
	BALAN S	D Wain	11t			HT FUNER		OME (P	.O. Bo	ox 19	95)
	DOCUT-	~ Hay	12			esville,					
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis			not anta	r tha mo	da of dying, auc	h as can	diac or reapi	ratory arrea	it,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	E. 10 0	D	-0 0	Court	rene of	514	10006	Caron		Onset and Death
	resulting in death) e.	DUE TO (OR ASLA	COMSEQUENCE C	FILE S	seur,	june "	-5.	untle	STIM	21	1-17-
z		Seure ante	rioscl	eroe	50	7 anto	14	abla	unia	1	YES
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	P):	7	V	-	srauel	100		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O	in.				tento trasmo			
Ë	that initiated events resulting in death) LAST	out to ton as a	CONSCIONENCE C								
E	C a.									_	
¥	PART II. Other eignificent conditions of	contributing to death bu	it not reaulting	in the u	nderlyin	g cause given in	Part I.	24s. WAS AN PERFOR	AUTOPSY MEO?	Ale	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ă	Suck						_	t X YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
×										1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	-			26. P	LACE OF DEATH (Ch	neck only o	(ne)			
PHYSICIAN: MEDICAL	EXAMINER?  1  YES 2 NO 1	IOSPITAL:	itlent 3 🗆 DOA	OTHE	R:	ne 5 🗆 Reeldence					
높	27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	28b, TII	AE OF JURY	28c. IN.	JURY AT	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	18.7		М		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, fac	ctory, offic	0		CATION (Street a or Town, State)		Rural Rout	te Number,
COMPLETED		<u> </u>									
MPL	(Orlock Orlly	N: To the best of my knowl									
00	MEDICAL EXAMINER:	On the beels of axamination	end/or investigati	on, in my	opinion,			e end place, en			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0, 91A !	Pallandar	-	)	29c. LICENSE NUI	MBER ORC	)	29d. OATE	IGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF OE	ATH (ITEM 27) (TVO	a, Print)		1 20 6	000	,	- 1/	240	
	B (6 HOSPIT	x-1	C = (1)P	,						1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								

32. REGISTRAB'S SIGNATURE
Guha Daydoon-Mandake



8. BIRTHPLACE (SI

9c. COUNTY OF DEATH

Prince

Wash., D.C.

2. DATE OF DEATH

uren

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Landover

7, DATE OF BIRTH (Month, Day Wear) 6/5/24

1. DECEDENT'S NAME (First Middle, Last)

4. SOCIAL SECURITY NUMBER

577-26-2762

ames

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 📉 M 2 🗌 F

IF UNDER 1 YEAR MONTHS DAYS

6. AGE (In yrs. last birthday)

67

6	1703 Belle Ha							ce George's	
ECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TOWN OR LOCATIO							
HO	Md.	G.	Landover				LIMITS?  1 XYES 2 NO		
AL	10s. STREET AND NUMBER	17. TO TO 1		1	IP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
Ë	1703 Belle Ha	03		20785		1	S.A.		
BY FUN	11. MARITAL STATUS Sep. 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GUYE WAR OR DATES			If yes, speci		C ORIGIN? (Specify Ye Puarto Rican, etc.)	s or No- 14	4. RACE — American Indian, Black, Whita, etc. Specify: Black	
윤	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U	USUAL OCCUPATION ork done during most or retired.)	of working	16b. KIND OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12) 12th	Paint			U.S.	Gove	rnment		
8	17. FATHER'S NAME (First, Middle, Last)			1	8. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE	James Van Bu	ren			e McDuft oute Number, City or Tox				
٩	Brenda Van Bur	en Dickens						d,Md. 2074	
	20a, METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSITION (A				ty or Town, Stata	
	1 🗵 Burial 2 🗆 Cremation 3 🗆 Rar 4 🗆 Donation 5 🗆 Other (Specify)	moval from Stala of o	Ft. Lin	or other place)	m. 9/2	1/91 Bla	adens	burg, Md.	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /		22. NAME AND	ADDRESS OF FACI				
	Sarry	1. Trat	1	4925	Burrou	ghs Ave	N.E		
ICATION	disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS A	CONSÉQUENCE OF	):	un-e	arawya	Heiri	Novess	
EDICAL CERTIFI	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  Done contributing to death b	CONSEQUENCE OF	): ):		Part I. 24a. WAS AI	N AUTOPSY PRMED?	AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  Done contributing to death b	CONSEQUENCE OF	): ):		Part I. 24a. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions and the cause of the conditions of the cause	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  Done contributing to death b	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	n the underlying		Part I. 24s. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions are conditions. Cause	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  DOE TO (OR AS A  DOE TO (OR AS A  DOE TO (OR AS A  DOE TO (OR AS A	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	28. PLAO OTHER: 4  Nursing Home	CE OF DEATH (Chec 5 M healdence	Part I. 24a. WAS AI PERFO 1   YES ck only one)	N AUTOPSY RMED? 2 J.NO	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINE P1  1 1 15 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  ut not resulting in	28. PLA OTHER: 4 □ Nursing Home DOTY  28. PLA OTHER: 5 □ Nursing Home URY  28. INJUI	CE OF DEATH (Chec	Part I. 24a. WAS AI PERFO  1  YES	N AUTOPSY RMED? 2 J.NO	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificent conditions resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINED 1  1 PAS 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  DOE TO (OR AS A  DUE TO (OR AS A  DOE TO (OR AS A  DUE TO (OR AS A  DOE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  ut not resulting in  patient 3 □ DOA □  25b. TiMi INJI  — Al home, farm, s	28. PLAN OTHER: 4 □ Nursing Home E OF URY M 1 □ YE	CE OF DEATH (Chec	Part I. 24a. WAS AI PERFO 1   YES ck only one)	N AUTOPSY RMED? 2 JNO INJURY OCCU	24b. WERE AUTOPSY FINI ANAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINEDY  1	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting is  petiont 3 □ DOA  25b. TiMilling  Consequence of the conseq	26. PLA OTHER: 4   Nursing Home E OF URY M   1   YE street, factory, office	CE OF DEATH (Chec	Part I. 24a. WAS AI PERFO  1 YES  Ok only one)  3 Other (Specify)  26d. DESCRIBE HOW  25f. LOCATION (Street City or Town, State City or Town, Stat	INJURY OCCU	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO  JRED  W Rural Route Number, d.	
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINED**  1	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting is  petiont 3 □ DOA  25b. TiMilling  Consequence of the conseq	26. PLA OTHER: 4   Nursing Home E OF URY M   1   YE street, factory, office	CE OF DEATH (Chec	Part I. 24s. WAS AI PERFO  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  25f. LOCATION (Street City or Town, Stets  to the cause(a) and makine, data and place, a	N AUTOPSY RMEO? 2 DNO INJURY OCCU and Number or	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  JRED  IF Rural Route Number,  d. Cause(a) and manner as state	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINEDY  1	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting is  petiont 3 □ DOA  25b. TiMilling  Consequence of the conseq	26. PLA OTHER: 4   Nursing Home E OF URY M   1   YE street, factory, office	CE OF DEATH (Chec	Part I. 24s. WAS AI PERFO  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  25f. LOCATION (Street City or Town, Stets  to the cause(a) and makine, data and place, a	N AUTOPSY RMEO? 2 DNO INJURY OCCU and Number or	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO JRED  JRED  W Rural Route Number; d.	
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINED**  1	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF  CONSEQUENCE OF	OTHER: 4   Nursing Home E OF   28c. INJUI URY M   1   YE   street, factory, office   od at the time, data a in, in my opinion, des	CE OF DEATH (Chec	Part I. 24s. WAS AI PERFO  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  25f. LOCATION (Street City or Town, Stets  to the cause(a) and makine, data and place, a	N AUTOPSY RMEO? 2 DNO INJURY OCCU and Number or	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  JRED  IF Rural Route Number,  d. Cause(a) and manner as state	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificent conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 1 PRES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not by determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINED 1 CERTIFIER AND TITLE OF CERTIFIER 1	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF CONSEQ	OTHER: 4   Nursing Home E OF   28c. INJUI URY M   1   YE   street, factory, office   od at the time, data a in, in my opinion, des	CE OF DEATH (Chec	Part I. 24s. WAS AI PERFO  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  25f. LOCATION (Street City or Town, Stets  to the cause(a) and makine, data and place, a	N AUTOPSY RMEO? 2 DNO INJURY OCCU and Number or	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  JRED  IF Rural Route Number,  d. Cause(a) and manner as state	

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	the	e de		9
	d by	Q P		0
	aine	hou		He
	e ret	5		5
-	y b	page		2
	ma	10,		TSS
	96	irec		E
	2	Te le		=
	eath	fune		Каш
	ter d	the	Mal.	al e
	Sa	à	rem	die
١	Nou	Pd i	6	E
	24	Y FIIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
	rithin	leteh	ema	mt,
	M pa	ошо	al, ci	6
	acut	Du	pari	atic
	9	an a	of J	E
	ate b	ysici	prio	=
	rlifice	40 0	iene	ther
	L Cel	ngju	Hyd	0 10
	deat	atte	ental	ry.
	음	y the	W p	inju
	that	Pa Da	h an	эпу
	ires	Sign	lealt	12
	regu	ue.	1 10	ho
	WE.	Is be	ept.	23
	The	te ha	te D	E
	AN:	ifical	Sta	r ite
	SICI	Cer	4	1,0
	PHY	this	Wit	rke
	ING	ther	eath	ш
	END	R. A	er d	5
	ATT	ECTO	s aft	1 28
	98	DIR	hour	Hem
	TAL	RA	2	=
	OSP	J. WEI	ithin	Ä
	HH	E FI	M Di	E
	HI O	五日	e file	2
	F	F	۵	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTA	MENT OF H	EALTH AND N	NENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Lest) SALLY	SALLY GWYNE	TTE WIL	LETT		2. DATE OF OEATH DAY YEAR 3. TIME OF DEATH 8 3.				
	4. SOCIAL SECURITY NUMBER / 217-38-2711	1 M 2 X F 75	yrs. (asl birthday) IF	7. DATE OF BIRTH  5-17-19	16	BIRTHPLACE (State or Foreign Country) Maryland				
STOR	99. FACILITY NAME (If not institution, give a		PITAL	CITY, TOWN C	CINTON	ATH		Y OF DEATH DEE GEORGES		
DIRECTOR		narles	ad, Md.	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	Bryans Rd. Tr.	. Park, Lot 54A			20616		USA	g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	S. ARMED	If yes, spi		C ORIGIN? (Specify Yes , Puarto Ricen, etc.)	or No — 14	14. RACE American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6 grades	CATION 16 completed) College (1-4 or 5+)	(Give kind of work the Do NOT use re	done during mo: tired.)	DN st of working	Food ]	SINESS/INDUS			
BE CON	17. FATNER'S NAME (First, Middle, Lest) William Atchis	son				E (First, Middle, Meiden Pickel				
10	190. INFORMANT'S NAME (Type/Print)  Doris Pickle		5 Popl	DRESS (Street of	ne, Ind	ian Head	n, State, Zip Co	20640		
	204_METNOD OF DISPOSITION 1 [A] Burlel 2	oval from State 20b.PL cemete	ACE AND DATE OF D	ISPOSITION (Na Place) ICM . G	dns	9/24 Wa				
	21. SIGNATURE OF FUNERAL SERVICE LIC Joan Huntt	FNSEE		22. NAME AN	t Funer	al Home,	Inc	Md.20604		
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HEPATO ( DUE TO (OR AS A CC  DUE TO (OR AS A CC  DUE TO (OR AS A CC	DISEOUENCE OF):  TES  DISEOUENCE OF):	LAR	DYSF		N	t, Approximate interval Between Onset and Death		
MEDICAL CEI	PART II. Other significant condition  () Kon ()  () ARD ()	a contributing to death but	not resulting in th	ne underlying	cause given in P	ert I 24e WAS AN	AUTOPSY MEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	CARDIAC	ARRIAY	THMIA			_		1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WAG	HOSPITAL: 1   Inputient 2   ER/Outputie		HER:	ACE OF DEATN (Chec			_		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	RK?	28d. DESCRIBE HOW II	NJURY OCCUR	RED		
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	t, fectory, office		281. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledg R: On the basis of exemination an	je, death occurred at	the time, data o	and place, and due to	the cause(e) end man	ner se stated.	ause(e) and manner se stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Gui MD	NOF	ACC	29c. LICENSE NUMB			GNED (Month, Day, Year)		
	RAD SAMTAN	COMPLETED CAUSE OF DEATH			ANAY	RO CL	insor	NMD 28)3J		
	31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGNATU								

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIE REG. N	NE .	6982
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF DEATH	DAY Y	3. TIME OF DEATN
Norman	JOSEPH W	oodland		09 18	199	1 10:54 PM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UND	DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
220-40-6516  9a. FACILITY NAME (If not institution,	1 M 2 F 48	3 YRS.	Y, TOWN OR LOCATION OF E	JULY 26,	1943 1	MARYLAND
Prince George				JEAIN	9c. COUNTY	e Georges
10a. STATE 10b. CC	YTAUC	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY
MARYLAND (	CHARLES	LA PLA	TA			1 YES 2 X NO
	/ DOMED #005 NO	DOWNER TO SE	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
P.O. BOX #266	12. WAS DECEDENT EVER I					D STATES
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XINO	. WAS DECENDENT OF NISPA If yea, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	ea or No 14.	RACE American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S (Specify only highest	EDUCATION	18a. DECEDENT'S USUAL		16b. KIND OF B	USINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.	during most of working			
10TH GRADE	NONE	LABORER		CONSTRU	JCTION	
17. FATNER'S NAME (First, Middle, Las				AME (First, Middle, Maide		
FRANCIS GRIFFIN	WOODLAND			IRGINIA LE		
19a, INFORMANT'S NAME (Type/Print)	ID		S (Street and Number or Rural			ie)
ROSE E. WOODLAN	12		266 LA PLAT	A, MARYLAN	ND 2064	+6
20s. METNOD OF DISPOSITION 12 Burial 2 Cremation 3  4 Donation 5 Other (Specify)	Removat from State 20b	PLACE AND DATE OF DISPO	SITION (Name of CHURCH CEM.	OATE 20c. L	OCATION — City	
21. SIGNATURE OF FUNERAL SERVICE	heister Joh		NAME AND ADDRESS OF FA		POMFRE	ET, MARYLAND
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	6) an	and C	hest	
PART II. Other significant cond	ditiona contributing to death b	ut not reaulting in the u	nderlying cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?			28. PLACE OF DEATH (CI	heck anly one)		
1 X YES 2 NO	HOSPITAL: 1   Inpatient   IT   ER/Outp	atlent 3 DOA 4 Nu				
27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE NOW	INJURY OCCURE	:0
1 Naturel 5 Pending 2 Accident Investigat		8.6	1 YES 2 NO	Subject	shot	
3 Suicide 8 Could not 4 Homicide datarmine	Duliging, Mc. (Spec	— At home, term, street, tec ify)	tory, office	281. LOCATION (Street City or Yown, State	end Number or R	
	On	Street		Route 3	ol	of Dino's Mo
29a. CERTIFIER (Check only one) 1 CERTIFYING P	NYSICIAN: To the beat of my knowl MINER: On the beats of examination	edge, deeth occurred at the	time, data and piece, and due	to the cause(a) and me	nner ee stated.	use(a) and manner ea stated.
296. SIGNATURE AND TITLE OF CERT			29c. LICENSE NU			NED (Month, Day, Year)
Mil	John -					
30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Print)	0.C.	M.E.	09	19 1991
31. DATE FILED (Month, Day, Year)	DIXON	111 Penn	Street, B	altimore	Maryl	and 21201
S6 2 4 '91	32. REGISTRAR'S SIGN	ATURE Random				

Jedia Tavidan Badas

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

T E T T

manufacture gravital

TO BE COMPLETED BY FUNERAL DIRECTO

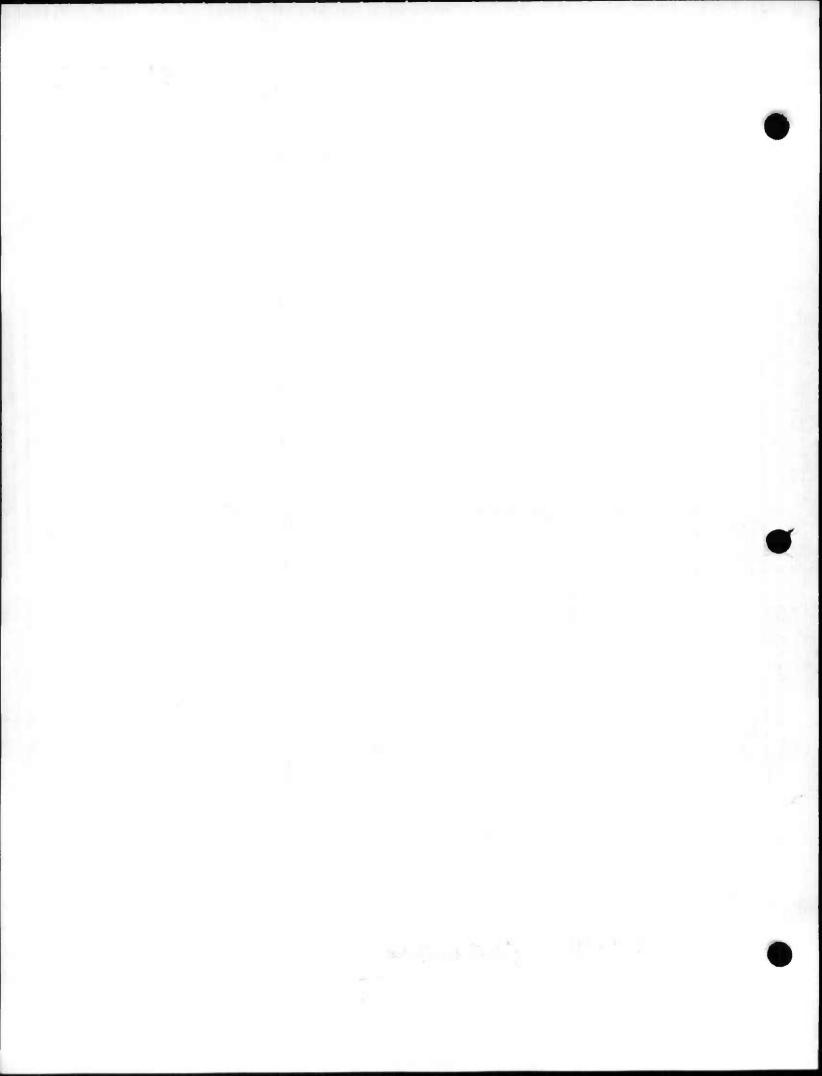
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
ate be e	ysician i	prior to	r traum
th certific	anding pt	Hygiene	or othe
the deal	the att	d Menta	Injury.
uires that	signed by	Health an	ws any
law requ	as been	Dept. of	23 sho
IAN: The	tificate h	e State	or item
PHYSIC	r this cer	h with th	arked,
TENDING	DR: After	fter deat	E si 8
L OR AT	DIRECT	hours a	item 2
HOSPITA	FUNERAL	within 72	ITANT: If

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	STATE OF MAI	DVI AND / DEDAI	DTMENT O	F HEALTH AND	(	21	26983
1 - STATE REGISTRAR	SIAIL OF MAI			OF DEATH	MENIAL HYGIEN REG. NO	VE.	
1. DECEDENT'S NAME (First, Middle, Last)	Bradsi	raw l	Valla	16-	2. DATE OF DEATH	3-9	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			7. DAVE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLACE (State or Foreign
248 98 6938	1 🗆 M 2 😾 F	84 YRS.	MONTHS DA	NYS HOURS MIN.		1906	South Carolina
9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF D	EATH		ITY OF DEATH
835 St. Michae	el Drive		Mitc	chellville	MD	Princ	ce George's
10e. STATE 10b. COUNT		10c, CI1	TY, TOWN OR L	OCATION			10d, INSIDE CITY
South Carolina 100. STREET AND NUMBER	Clarendon	Ma	nning	10f, ZIP CODE		1 22 2 2	LIMITS?  1 YES 2 NO
Rt. 2 Box 1143	3					10g. CI112	EN OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	29102	NIC ORIGIN? (Specify Ye	a or No	USA
1 Never Merried 2 Merried	FORCES? 1 1	YES 2 NO	If ye	s, specify Cubsn, Mexico YES 2 NO Specif	en, Puerto Ricen, etc.)	0.110	14. RACE — American Indian, Black, White, atc.
3 X Widowed 4 Divorced				TEST TO SPECIF	7.		Specify: Black
15. DECEOENT'S EOU (Specify only highest grade	CATION completed)	16a. OECEOENT'S	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDU	JSTRY
Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Housew	se retired.)		PA	VT.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surname)	
Samuel Bradshaw				7	Ziola Benne	ett.	
19e. INFORMANT'S NAME (Type/Print)				eet and Number or Rural	Route Number, City or Tow	n, State, Zip	
Dorothy William  20a. METHOD OF DISPOSITION  10 Burlal 2 Cremation 3 Ram	S (daughter	20b. PLACE AND DATE	OF DISPOSITION	N /Name of	OATE 20c. LO	CATION — C	le MD 20721  **yor Town, \$450uth  lle, Carolina
4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Pire Grov	e cene	tery	9-19 Gree	eleyvi	lle, Cărolina
Humberly	A .	re	747	4 Landover	Rd. Lando	kins	Funeral Home D 20785
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE OF	F):	leveter o	ardiota	seel	Interval Between Onset and Death  August 2
	d						
PART II. Other significant condition	s contributing to desi	th but not resulting	In the underl	ying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch			
27. MANNER OF DEATH	1 Inpatient 2 ER/			Home 5 Meldence			
1 Netural 5 Pending	(Month, Day, Ye		URY	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCL	RED
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJ building, etc. (	URY — At home, farm, s Specify)			28f. LOCATION (Street a City or Town, Stete)	and Number o	r Rural Route Number,
29a. CERTIFIER (Check only one)	CIAN: To the best of my ki	nowledge, death occurre	ed at the time,	data and place, and due	to the cause(s) and man	ner se støted	1.
	On the beels of examin	ation end/or investigatio	n, in my opinio	n, death occured at the	time, date end place, en	d dua to the	ceuse(e) end manner ea stated,
296. SIGNATURE AND TITLE OF CERTIFIES	digues	1110		D 2/7	BER 3D	29d. DATE:	SIGNEO (Month, Day, Year)
THE WAST FROM	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print) 507)4	Park	mCh (	n Si	Me mono
31. DATE FILE HOMEN DE TO 16 9 1		Idson-Randell		1	7	1	1

hed		mt.
AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
20		76
pin		90
Sho		=
5		2
pad		be
ctor.		nus
dire		-
eral		Ē
e fu	-	ex3
y th	HOVA	Ea
<u>Б</u>	reg	Pa
8	n, 0	=
ay fi	atio	5
plete	степ	ent
E CO	al,	8
pug	2	atic
an	01 7	5
ySic	phio	F
6	ene	the
gill in	HAD	0 0
atte	man	*
age of	₩e	흗
6	and	ly l
gue	alth	8
S	H	¥0
8	pt.	3 8
has	8	n 2
cate	Stafe	iter
ertit	the	9
Nis c	With	ked.
ter 1	ath	nar
. At	r de	8
5	afte	28
NEW YEAR	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
7	2 4	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTA	HYGIEN	E			
1	1. DECEDENT'S NAME (First, Middle, Last, Minni & Wil	Minnie (N.M	.I.) Wilc	ox		2. DATE	OF DEATH		EAR 3.	TIME OF DEATH  555 Am M	
1	4. SOCIAL SECURITY NUMBER 577-12-5084	1 🗆 M 2 🖫 🗲	(In yrs. lest birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		OF BIRTH th, Day, Year) 28/05	T I	BIRTHPL ITTSh	ACE (State or Foreign ing, Ohio	
P P	99. FACILITY NAME (If not institution, give Suburban Hospita	street and number)		Bethes		DEATH		9c. COUNTY Mont			
оінесто	10e. STATE 10b. COUNT	ce George's		t Hyatts						d. INSIDE CITY X LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3600 Hamilton St	reet		101	20782			U.S.	N DF WHA	T COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 ANO	If yes, sp	ENDENT OF HISF ecify Cuben, Mex 2 NO Spe	can, Puerto	N? (Specify Yes Rican, atc.)	or No-	RACE — Black, W Specify:	American Indian, Thite, etc. White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondery (0-12) 12th Grade  17. FATHER'S NAME (First, Middle, Last)	ucation le completed)  Collège (1-4 or 5+)  None	160. DECEDENT'S (Give kind of w life. Do NOT use Clerk	USUAL OCCUPATION of done during mo retired.)	st of working	Fo	o kind of Bus	ufact			
BE CC	Samuel Wilcox				Eliza	abeth	Rector				
2	Helen M. Cole (F		3600	ADDRESS (Street a Hamiltor	nd Number or Run 1 Street	Noute Num	ber, City or Town Hyatts	State, Zip Co Ville	, Md	. 20782	
	20. METHOD OF DISPOSITION 143 Burlat 2 Chaptation 3 Hen 4 Donation 5 Cooking (Special) 21. SIGNATURE OF SUMERAL REPOVICE LI	11-0-1	b. PLACE AND DATEO	Franca	etery O ADDRESS OF L	09/17	7/91 Br	eral	od, l Home	Maryland, P.A.	
	23. PART L Enjer tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arreat, interval Between consecuting in death)  But 10 (or as a conscious of secution of the course of the course of secution of the course of the c										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  b. DUE TO (DR AS A CONSEDUENCE OF):  c. CLILATO VADVILLAR DISEASE  DUE TO (DR AS A CONSEDUENCE OF):  d. DUE TO (DR AS A CONSEDUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to death i	but not resulting in	1 the underlying	j csuse given i	n Part I.	24a. WAS AN A PERFORM	IED?	AVA COF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 ND	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C						
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JRY AT	7	r (Specify) SCRIBE HOW IN	JURY OCCUR	ED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, term, st		ES 2 NO	281, LOC City	ATION (Street and or Town, State)	d Number or I	Pural Ploute	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know	riedga, death occurred	s at the time, data	and plece, and du	e to the cau	se(s) end mann	er ea stated,			
IO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	Callen	5 We	0	29c. LICENSE NO	JMBER		29d. DATE SI			
	Gita Bakshi, M.D.	9406 Old G	Georgetown	n Road,	Bethesd	a, Ma	ryland	208	14		
	31. DATE FILEDSEP" 177 91	32. REGISTRAR'S SIGN	doon-Randel	2							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THIERNO DIALLO, M.D.

SEP 20 '91

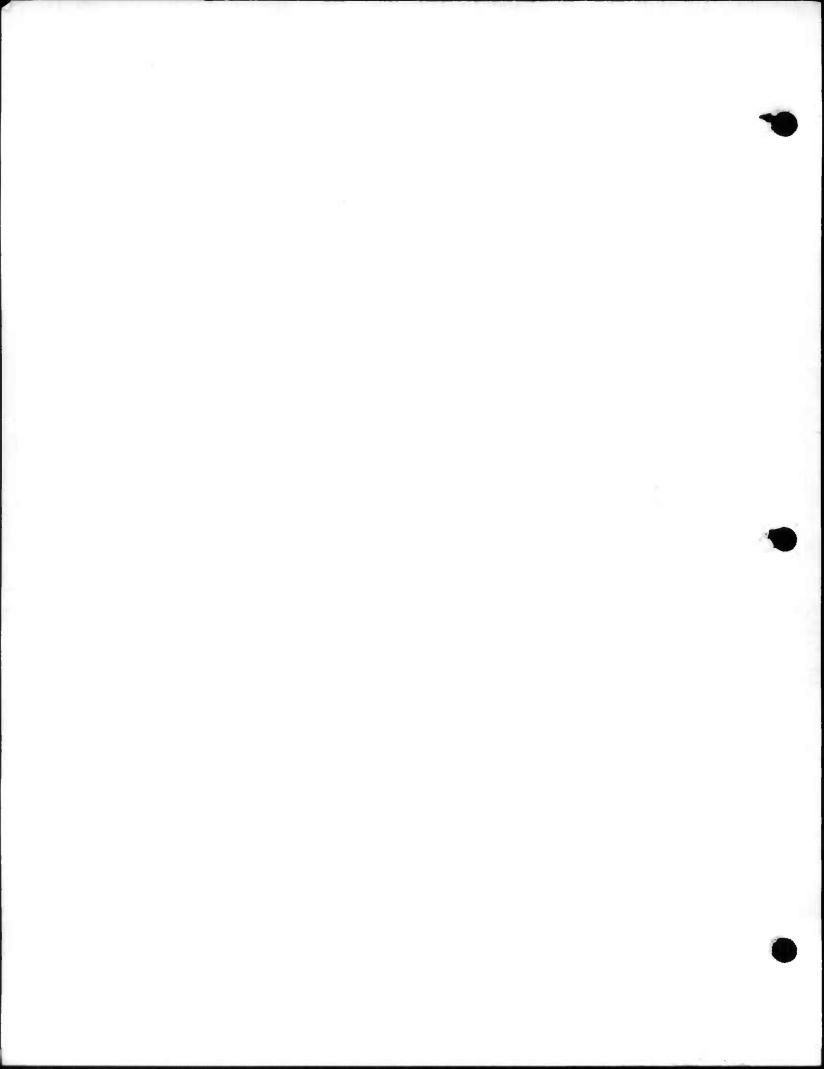
	SS		ı	
	Se			
	×			l
	3			ı
-	he		-2	ı
	tac		9	ı
	de		0	l
1	8		aţ	l
	亨		8	ı
	ğ		Ĕ	l
	S		10	l
	9			ı
	pa		ě	l
	2		124	l
	200		Ĕ	ı
	di		-	ı
	त्व		E	ı
	2		E	ı
	40		ex	ı
	\$	8	-	ŀ
	3	E	dic.	l
	Ξ	H	9	ı
	图	0	=	l
	-	ŏ.	#	l
	tely	ma	7	ı
	9	Cre	le l	l
	EO.	-	6	l
	p	Š	HC	ı
	e .	0	13	l
	an	37.10	36	۱
	Sic	ž	15	ı
	£	9	e e	ı
	0	ge	ŧ	ı
	ngi	£	5	l
	tte	四四	-	1
	9	Jen	5	ı
	= /	P	三	ı
	5	æ	¥	ı
,	9	를	Ö	ı
	Sig	Hea	¥	l
ŕ	Ea .	0	2	1
	8	H.	80	١
2	las	8	2	1
É	9	te	E	l
ė	Sca	Sta	Ξ	l
LIDGUING ON THE PROPERTY OF TH	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	d within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Ì
5	0	=	T)	l
	th:	3	å	l
3	ter	att.	E	ĺ
5	A	8	60	ŀ
i	98.	her	80	۱
5	5	S al	2	١
5	3	DUC	ET.	۱
į	0	N N	=	ĺ
	A	2	=	ĺ
3	R	黄	Z	ĺ
Ĕ	4	¥	E	l

											91	2	6985
•	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /				EALTH DEAT		MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			TIME OF DEATH P
	FRANCES	В.			WIL	LARD	)		SEP	07	7, 199	1 8	3:39 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		, BIRTHPLA	NCE (State or Foreign
	578 12 2142	1 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		. 27 1	910	Country) Kentu	ickv
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE				Y OF DEAT	
d	Kimbrough Army Ho	snital				Fo	rt M	leade	3		Anne	Aru	nde1
DIRECTO	RESIDENCE OF DECEDENT							cade			7111110		
H	10a. STATE 10b. COUNTY			18c. CIT	Y, TOWN	OR LOCAT	ION						d. INSIDE CITY LIMITS?
- 11		e George	S	Boy	vie	_							YES 2 NO
₹ I	10e. STREET AND NUMBER					101.	ZIP CODE	E			10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	3302 Marman Place						207						tates
크	11, MARITAL STATUS  1 Never Married 2XX Married		YES 2 N							I? (Specify Yes Rican, atc.)	or No- 1	4. RACE — Black, W	American Indian, hita, atc.
β	3 Widowed 4 Divorced	IF YES, GIVE W		No.		1 TYES	S X NO	Spec/fy	v: No			Specify:	ite
	15, DECEDENT'S EDUC	CATION	16a DE	CEDENT'S	USUAL O	CCUPATIO	N .			. KIND OF BUS	SINESS/INDU		LCE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	- Min	ive kind of Do NOT u	work done se retired.)	during mo	st of worldn	g					
7	Elementary Secondary (5-12)	5+		nemal	rer					Own Ho	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1.101							Middle, Maiden	Surname)		
BE C	Henry S. Bowers						Nel	lie	T. D	owney			
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Numl	ber, City or Town	n, State, Zip C	iode)	
2	Dorothea E. Summ	erville	7	7519	Spri	ng I	ake	Driv	re Be	thesda	a Marv	land	20817
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometers, crematory or 20c. LOCATION — City or Town, State												
	1 XX Burlel   2   Cremetton 3   Removal from State   Arlington National Cemetery   Arlington Virginia												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	Robert E. Evans Pres. Beall-Evans Funeral Home, P.A.												
	23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate												
	shock, or heart fellure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final										5Hrs.		
	reaulting in death)	OI +				LUKE	, SE	PSIS	)				JILD.
_	DUE TO (OR AS A CONSEQUENCE OF):  DOSSTRIE ROME! TSCHEMIA												
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
S	If any, leading to immediate cause. Enter UNDERLYING												
三	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSE	OUENCE C	OF):								
E	resulting in death) LAST	d											
	PART II. Other significant condition	s contributing to	death but not i	resulting	In the u	nderlyin	a causa i	alven In	Part I.	24e. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
S	SYSTEMICLUPUS E	_							2000	PERFO	RMEO?	AV	MILABLE PRIDE TO OMPLETION OF CAUSE
	:RHEUMATOID ART		0505, 01		,,					1 TES 2	s ₩o	DF	F DEATH?
PHYSICIAN: MEDICAL									_			1	TYES 2 X NO
AN	25. WAS CASE REFERRED TO MEDICAL					20 DI	ACE OF O	EATH #0	heck only or	1			
<u> </u>	EXAMINER?	HOSPITAL:	Y		OTHE	R:						_	
₹	1X YES 2 ☐ NO 27, MANNER OF OEATH	1 Inpatient 2 I		20b. Til	_		URY AT	esidence	6 Othe	SCRIBE HOW	INTRIBA OCCI	IBED	
	1 Natural 5 Pending	(Month, E		III.	JURY M	WC	YES 2	□ NO	200.00	gornoc 11011		71 16.67	
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE (	OF INJURY — At he	ome, farm,	street, fac				28f. LOC	CATION (Street	and Number of	or Rural Rou	te Number,
8	4 Homicide 6 Could not be	building,	etc. (Specify)						City	or Town, State,	)		
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIANA To the best of	l ann bananda da a da		- 4 - 2 45 -	4						4	
COMPLET	(Check only one) 2 MEDICAL EXAMINE												nd manner as stated:
8				1 -									
BE	296, SIGNATURE AND TITLE OF CERTIFIE	TA	Diella	0	Cit	1	1	ENSE NU	MBER 5 20	)		SIGNED (M	lonth, Day, Year)
2	30. NAME AND AODRESS OF PERSON VI	O COMPLETED CAL	SE OF DEATH (ITE	M 271 /Ton	e. Printi		2	2/0	s all	/		,	, , (
	1												

D. KIMBROUGH ARMY HOSP, FT. MEADE, MD 32. REGISTRAR'S SIGNATURE

DHMH-16 Ray 1/89

20755-5800



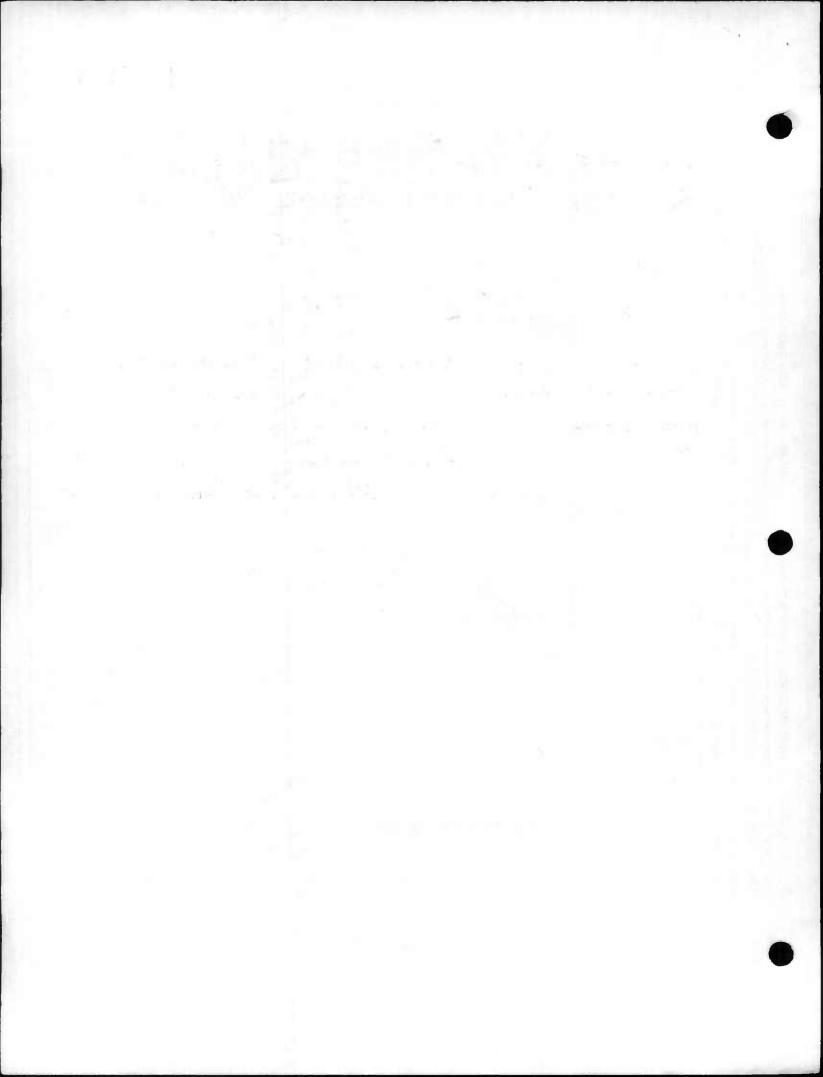
OHMH-18 Rev 1/89

	1 - STATE REGISTRAR		/ DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIEI REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	₽⁄.	WILSON		2. DATE OF DEATH	199	3. TIME OF DEATH 4:51 P			
1	4. SOCIAL SECURITY NUMBER  577-20-6065  90. FACILITY NAME (If not institution, give	5. SEX  1 M 2 F  Street and number)	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 09 05	20	BIRTHPLACE (Stote or Foreign Country) Maryland Y OF DEATH			
5	#13-STURGIS			cess, Ar			OMERSET			
DIREC	MD SCOUNT	merset	10c. CITY, TOWN OR LOCA	Cess	Anne	2	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER			DI. ZIP CODE	53	10g. CITIZE	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 FIF YES, GIVE WAR OR DATES	NO If yea, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)  y:	14 or No 14	Black, White, etc.  Specify: BIK			
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-21)	JCATION 18e. Completed) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during in the Do NOT use retired.)  P + 1 Y P	ION lost of working	18b. KIND OF BU	USINESS/INDUS	тну			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Singleton	Wilson	CHICA	18. MOTHER'S NA	ME (First, Middle, Majde)	n Surneme)	A 11			
TO B	190. INFORMANTS NAME (Type/Print)	Rling	196. MAILING ADDRESS (Street	and Number or Rural	Aoute Number, City or Too	wn, State, Zip Co	21838			
	20b. PLACE AND DATE OF DISPOSITION  NO Buriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20b. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20c. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20c. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20c. PLACE AND DATE OF DISPOSITION (Name of V cemeter)  20c. PLACE AND DATE OF DATE OF CEMETER)  20c. PLACE AND DATE OF DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLACE AND DATE OF CEMETER (Name of V cemeter)  20c. PLAC									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WARD FUR NAL HOME  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	ehock, or heart failure immediate CAUSE (Final disease or condition resulting in daeth)	List only one ceuse on aech II  s. ARTEROSCUE  OUE TO (OR AS A CONS	rotic carpi			BASE	t, Approximate interval Between Onaat and Death			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CONS								
MEDICAL CE	PART II. Other significant condition	e contributing to deeth but no	t resulting in the underlyin	ig ceuee given in	PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF DEATH (Ch	eck only one)		1 163 2 10			
HYSI	YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF 28c. IN.	ne 5XX esidence	8 Other (Specify)	INJURY OCCUR	ren e			
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)	M 1	YES 2 NO						
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	home, lerm, street, lectory, offic	:0	281. LOCATION (Street City or Town, State	and Number or (	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one)    CERTIFIER   CERTIFYING PHYS	ICIAN: To the best of my knowledge, ER: On the basis of exemination end/o	death occurred at the time, date or investigation, in my opinion, o	end place, end due death occured at the	to the cause(s) and me time, date end piece, er	nner es stated, nd due to the c	ouse(s) and manner as stated.			
BE	29. SIGNATURE AND TITLE OF CERTIFIE	Jall (1)	M	29c. LICENSE NUN			GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETEO CAUSE OF DEATH (IT		L OCMI	<u>:</u>	09	16 1991			
	31. DATE FILED (MONTH), Day, Year, 20 91	32. REGISTRAR'S SIGNATURE  Suha Davidson	1 PENN STRE	EET BA	ALTIMORE	, MARYI	AND 21201			

KNALT

The second second

		ALVIN RICHARD WALLS	AM
(P	)	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  1 VRS.  6. AGE (In yrs. lest birthday)  F UNDER 1 YEAR  F UNDER 1 YEAR  F UNDER 24 MRS.  7. DATE OF BIRTN  (Month, Day, Year)  (Month, Day, Year)  (O/8/1936	reign
77. 22	TOR	98. FACILITY NAME (If not institution, give street and number)  Washington Hosp Cecil County Hosp ELKTON, MD Sc. COUNTY OF DEATH  RESIDENCE OF DECEDENT	
permit, Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Cecil 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 USE 2 1	
Tig.	FUNERAL	10a. STREET AND NUMBER  448 Champland Drive 21901 10g. CITIZEN OF WHAT COUNTRY?  21901	
ding physician.	ВУ	11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American India Black, White, etc.  15. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, etc.)  16. PACE — American India Black, White, etc.  17. YES 2 NO Specify: WHITE	n,
al or attending for use as the	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY	
hospit ached	COMPL	17. FATHER'S NAME (First, Middle, Leat)  4 TOOL + DYE MAKER CHRY SLER  16. MOTNER'S NAME (First, Middle, Melden Surname)	_
3 2 6	BE C	HERBERT WALLS FRANCES MOORE	
De S ge 5	2	MARK WALLS 1448 CHAMPLAIN RD, NORTH EAST, MD 219	01
otor.		20s METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20s. PLACE OF DISPOSITION (Name of cometer); crematory or other place)  20s. LOCATION — City or Town, State  20s. LOCATION — City or Town, State  20s. LOCATION — City or Town, State  20s. LOCATION — City or Town, State	
us after death. Page in by the funeral direct removal.		21. SIONATURE OF FUNERAL BETYICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOME  25.9 E. MAIN IT, BEKTON, MD 21921	
th certificate be executed within zernou ending physician and completely filled I Hygiene prior to burial, cremation, or or other traumatic event, the m	CERTIFICATION	ahock, or heart failure. List only one cause on aech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  List only one cause on aech line.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
requires that the ceen signed by the control of Health and Me shows any injury	MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  Thy of archia Shaper Chian State PRIOR COMPLETION OF COMPLETION	TO
PHYSICIAN: The faw this certificate has b with the State Dept rked, or Item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 No pital:  1 Inpatient 2 EX/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)	
NG PHYSICIAI fer this certificath with the marked, or		27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 8 Pending  28c. INJURY AT WORK?	
TTENDI TTENDI after d 28 ls	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	
SPITAL OR A VERAL DIREC hin 72 hours VT: 11 Item	COMPLET	29a. CERTIFIER (Check only One)  29a. CERTIFIER 1 CERTIFIER PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29a. CERTIFIER 29a. CERTI	tated.
TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 HORING MATHER TO THE IMPORTANT: If IN	BE	296. SIONAFYRE AND TITLE OF CERTIFIER  Suyentile (C. Parlim)  29c. LICENSE NUMBER  29d. DATE SIONED (Month, Day, Year)  \$27.2307 \ 9/2-3/9/	_
	10	JATANTILALIC HATELMD 123 Singerly Ave, EIKten MD 2192	1-
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP 2 3 9 1  Suidson-Randall	



DIVISION OF VITAL RECORDS, F.O. BOA 86/80,	ואר חבר	Cano,	0.0	100 V	,00	BA	BALLIMORE, MARYLAND	E, MA	MAY	AND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospir	The law requires	s that the death	certificate	be executed	within 24	hours after de	ath. Page 6 m	lay be retai	ned by	the hospi
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has falled within 72 hours after death with the Crise David All Analysis Hurisian news to hard a hard Hurisian news to hard the companies of companies of companies of the companie	ate has been sign	ned by the atter	Iding physic	ian and co	mpletely fil	led in by the fu	meral director,	page 5 shi	onld be	detached
One many it has been been much by the contract of the contract	tem 23 shows	any injury, o	r other tr	aumatic e	vent, the	medical ex	aminer mus	t be notif	led at	Once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH ANTE OF DEATH	ND MENTA	L HYGIENE 9	1 2	6988		
		JOSEPH	ANDERS	ON, Jr.	2. DATE	of DEATH 2 8 1	994	0223A		
	4. SOCIAL SECURITY NUMBER 215-98-1353  9e. FACILITY NAME (If not institution, give s	1 x 2 = 2	3 YRS. MONT	NDER 1 YEAR IF UNDER 24 HHS DAYS HOURS M	Monti Sep		Country)	ACE (State or Foreign		
DIRECTOR	RELIGIERS TOWN			BALTIMOR						
	Maryland  100. STREET AND NUMBER	,		vn or Location ltimore				Od. INSIDE CITY LIMITS?  KYES 2 NO		
FUNERAL	5332 Cuthberg	Avenue		101. ZIP CODE 2 1 2 1	15		S.	AT COUNTRY?		
BY	11. MARITAL STATUS 1 Nover Merried 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF N If yes, specify Cuban, M 1 YES 2 NO	lexican, Puerto I	? (Specify Yea or No-	14. RACE -	- American Indian, White, etc. Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b	. KIND OF BUSINESS/IN	DUSTRY	Didek		
OMPL	12th Grade		Clerk			feway Fo	od S	tores		
BE C	William J. And	derson, Sr				Middle, Maiden Surname) Rollings				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDE	ESS (Street and Number or F	Rural Route Numb	per, City or Town, State, Z.	p Code)			
	Patricia Anders	206	PI ACE AND DATE OF DIS	uthberg An	0.47	- LOCATION	014 7	21215		
	1 N Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State Cem	netery, crematory or other ple Pruid Rido	e Cemeter	v 19/2	Baltim	ore.	Co. MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Rolles		22. NAME AND ADDRESS O	OF FACILITY N	litter Fi	nora	1 Homes I		
	2501 Gwynns Falls Parkway Baltimore, Maryland 21216  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest.  Approximate integral Returns									
	shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To IDR AS A COMMIDDIANCE OF STATE OF									
TION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events cresulting in death) LAST									
MEDICAL CE	PART II. Other significant conditions	CO	ERE AUTOPSY FINDINGS (AJLABLE PRIOR TO OMPLETION DF CAUSE F DEATN?  YES 2 \( \sqrt{N}\)							
	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:	offert 3 DOA 4 D	26. PLACE OF DEATH BER: Nursing Home 5 Reside			TTC	STREET		
PHY	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		CRIBE NOW INJURY OC		BIREEI		
ВУ	1 Netural 5 Pending 2 Accident Investigation	09 28	199 0214A	1 TES XE X NO		SUBJECT				
TED	3 Suicide 6 Could not be determined	building, atc. (Spec	JBLIC STR		28f. LOCA City o	ATION (Street and Number Town, State) BALTIMOR	or Aural Aou			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2XXMEDICAL EXAMINER	CIAN: To the best of my knowl R: On the basis of examination	ledge, death occurred at th	is time, deta and place, and	due to the caust the time, data	se(s) and manner as ste	ted.	nd manner se stated		
TO BE CO	294 SIGNATURE AND TITLE OF CENTIFIER	Huy	?	29c. LICENSE		29d. DAT		onth, Day, Year)		
	30. NAME AND APPRESS OF PERSON WIND	PENETII	111 PE	NN STREET	BALT	CIMORE, MA	RYLA	ND 21201		
	OCT 04 1991	32. REGISTRAR'S SIGNI Funa Daydon-	ATURE - Randall							

DHMH-16 Rev 1/89

r T

DIVISION OF VITAL RECORDS,	ICIAN: The law requires that the dea	sertificate has been signed by the att	the State Dept. of Health and Menta	or item 22 chouse any injury
O NICIAIN O	TO THE HOSPITAL OR ATTENDED TO SICIAN: The law requires that the dear	TO THE FUNERAL DIRECTOR COMPANY Sertificate has been signed by the att	be filed within 72 hours that all	MPOSTANT: If item 78 is married

	1 - FOR REGISTRAR	STATE OF A	MARYLAND /	DEPAR ERTIF	ITMENT (	OF HEALTH A	ND MI	ENTAL HYGIEN	E	2	698	9
	1. DECEDENT'S NAME (First, Middle, Last)	ATITA						2. DATE OF DEATH	AY	YEAR 3	. TIME OF DE	ATH
			REY DORS	MMONS		0	CTOBER :	Ï, 199		7:30	A . M	
	4. SOCIAL SECURITY NUMBER 220-20-1291	5. SEX 1 M 2 XF	6. AGE (In yrs. les	t birthday) YRS.	MONTHS D		MIN	(Month, Day, Year) EC.1,1928		Country) MARY	LAND	Foreign
TOR	9a. FACILITY NAME (If not institution, give so  MARYLAND GEN)  RESIDENCE OF DECEDENT		PITAL			JTIMORE,			9c. COUN	TY OF DEA	TH	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND				Y, TOWN OR I	ORE, MAR	YT.AN	TD.			Od. INSIDE CIT	
FUNERAL	100. STREET AND NUMBER 812 WOODINGTON F	ROAD				10f. ZIP CODE 21223		<u>D</u>	10g. CITIZ	EN OF WH	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2X	RMED	If ye	DECENDENT OF H	Maxican, f	ORIGIN? (Specify Yes Puarto Rican, atc.)		I4. RACE - Black, \ Specify:	- American Inc White, atc.	dian,
	15. DECEDENT'S EDUC	ATION	100 00	CEDENTIO	USUAL OCCL	PATION		T			WHITE	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12) 12TH GRADE	) (G	ive kind of a Do NOT us	work done duri	ng most of working		MEDCY II	RCY HOSPITAL				
O	17. FATHER'S NAME (First, Middle, Last)		01	TIOL	IMING		S'S NAME			AL		
BEC	17. FATHER'S NAME (First, Middle, Lest)  WASHINGTON KING  EVELYN (UNKNOWN)											
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	DENTON TWIGG 274 LORD BYRON LANE, COCKEYSVILLE, MD. 210  20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of Date 20c, LOCATION — City of Town,											
	1 Deuriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)  BALTTMORE											
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229											
	23. PART I. Enter the diseases, pr complications that be used the death. Do not enter the mode of dying, such as cardiec or raspiratory arrest, shock, pr hasn't failure. List only one cause on each line.									Approxin Interval I Onset an	nste Between	
z	DISEASE											
TIO	Sequentially list conditions, if any, leading to immediata	DUE TO	E TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions MODERATE CHRONI	C OBSTRU	death but not r	asulting ULMON	In the under	lying couse give	en in Pe	rt I. 24s. WAS AN PERFOR	MED?	Al Ci	ERE AUTOPSY I	R TO
: ME	MILD TRACHEOBRONC	HITIS						-			F DEATH?	NO
IAN	25. WAS CASE REFERRED TO MEDICAL					8. PLACE OF DEAT	'M (Chank	anh and				
SIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 Raside						
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TIM		: INJURY AT WORK?		Bd. DESCRIBE HOW I	NJURY OCCU	RED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 N	0			_		
ETED.	3 Suicide S Could not be detarmined	28a. PLACE Of building,	FINJURY — At ho etc. (Specify)	me, term, s	itreat, factory,	office	28	Bt. LOCATION (Street a City or Town, State)	ind Number of	Rurel Rou	te Number,	
COMPLE	29a. CERTIFIER (Check only one)  1   XCERTIFYING PHYSIC 2   MEDICAL EXAMINER										nd manner ss	stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	20.	2.1			29c. LICENS			29d. DATE	SIGNED (M	onth, Day, Year,	)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	W 27) (Type,	Print)	110	15	E:	▶ OC'	TOBE	2 1, 1	991
	CADT OC A ACT -	COMPLETED CAUS	. OF DEATH (ITE	= 21) (Type,	r-nn()	0/6	10	$\epsilon$				

M.D. C/O MARYLAND GENERAL HOSPITAL

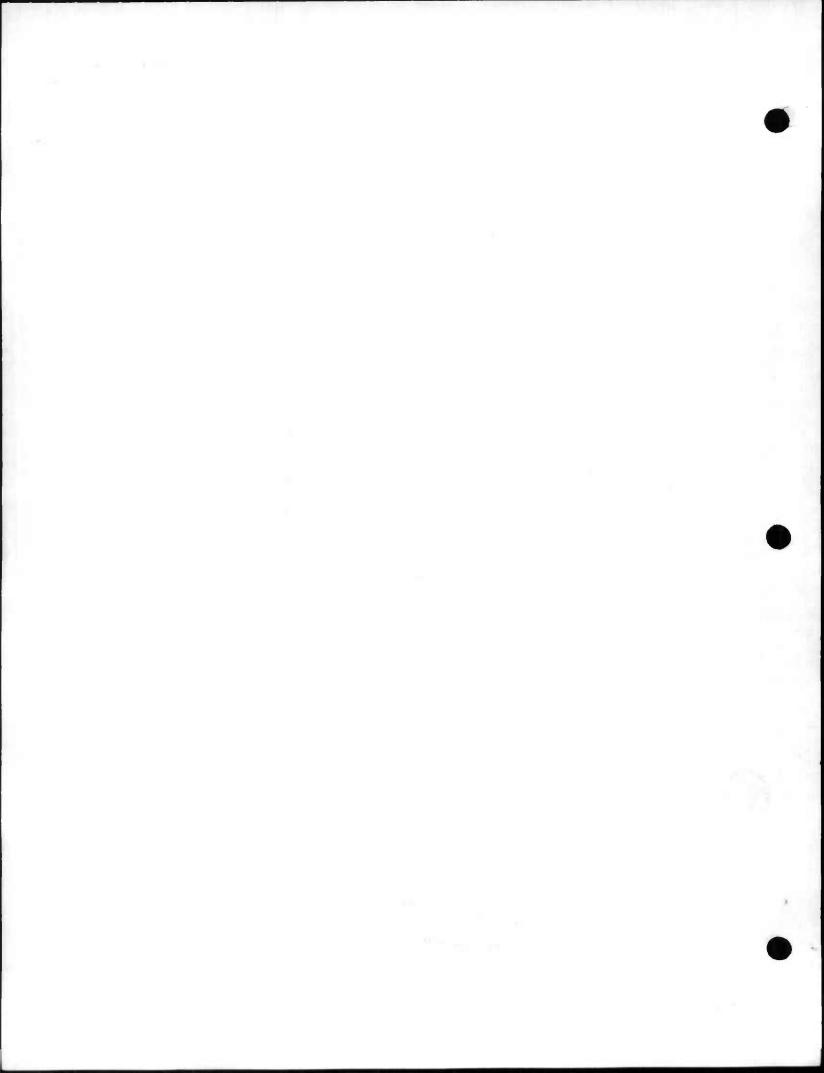
July Davidson Handse

CARLOS A. MILLAN, M.D.

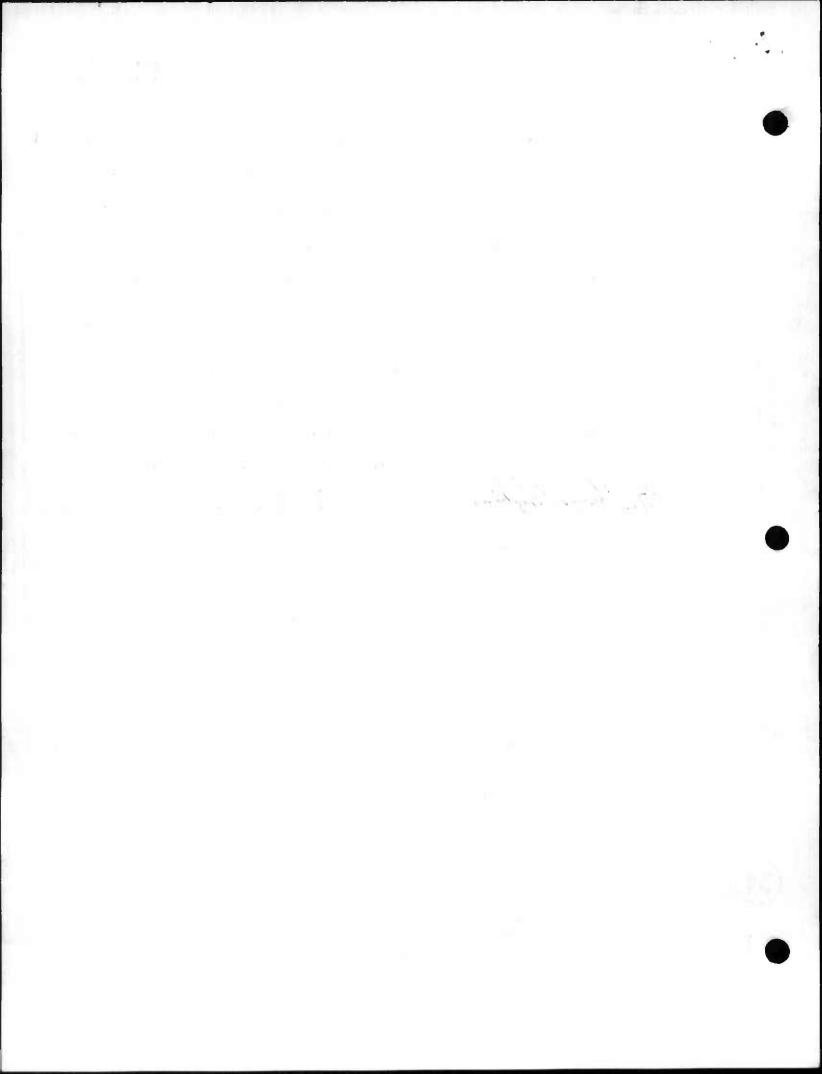
31. DATE FILED (Month, Day, Year)

OCT 04 1991

See 1991



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)			7	DEPT.	2. DATE OF DEATH			3. TIME OF DEATH	
	CATHERINE	Α.		ATKINSC	N	монти 09	29	YEAR 91	1.:20 ANM	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	T	2 100	LACE (State or Foreign	
	220.38.8665		56 YRS.	UNTHS DAYS	HOURS MIN.	7-19-35			LAND	
æ	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN (	OR LOCATION OF D	EATH	9c. COUN	TY OF DE	ATH	
FUNERAL DIRECTOR	NORTH ARUNDEL		OCIATION	GLE	N BURNII	<u> </u>		A . A	. COUNTY	
IRE	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?	
L D	MARYLAND ANNE  100. STREET AND NUMBER	ARUNDEL	G	LEN BUI					1 YES 2 X NO	
RA				101	. ZIP CODE				HAT COUNTRY?	
NE.	7872 AMERICANA C	12. WAS DECEDENT EVER I		I so was nee	21061	NIC ORIGIN? (Specify	U.S			
	1 X Never Married 2 Married	FORCES? 1 YES	2 NO	If yea, sp	ecity Cuban, Maxic	en, Puerto Rican, etc.)	Tea or No-	Black,	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	in tes, are tak on o	MIES	I TES	2 NO Speci	ry:		Specify	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	UAL OCCUPATION	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during mo etired.)	at or working					
MP	10th N 17. FATHER'S NAME (First, Middle, Last)	ONE	N/A			N/A				
	CHARLES E.		CD			AME (First, Middle, Meio				
BE	19a. INFORMANT'S NAME (Type/Print)		SR.	DBESS (Street o	ANNA	Houte Number, City or				
2	JILL A. LOCKWOOD		1			1270 GLEN			21061	
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF				LOCATION — CI			
	1 XBuriel 2 Cremation 3 Ram 4 Donatton 8 Other (Specify)	oval from State   CON	CEDAR HIL	r place)					2.82	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  CEDAR HILL CEMETERY 10-4 BROOKLYN PARK, MD  22. NAME AND ADDRESS OF FACILITY  SINGLETON FUNERAL HOME									
	+ of Home	Wakin								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert fellure. List only one cause on each line.  Approximate									
	eriock, or most lengte.	Liet only one ceuse on a	esch line.		, , ,		spiratory arre	110	Intervel Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)									
	resoluting in death)	DUE TO (OR AS I	CONSEQUENCE OF):	X					10 years	
Z	Sequentially list conditions	b	1000						! /	
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate  Cause, Enter UNDERLYING									
FIC	CAUSE (Disease or injury C									
RT	resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
		0,							1	
AL	PART II. Other eignificent condition	e contributing to death b	out not reculting in	the underlying	ceuse given in	Part I. 24a. WAS	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS	
O O							2 NO		COMPLETION OF CAUSE OF DEATH?	
M									YES 2 140	
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	neck only one)				
¥	1 YES 2-TNO 27. MANNER OF DEATH	1 Inputient 2 ER/Outp	26b. TIME C			6 Other (Specify)				
	1 Neturel 5 Pending	(Month, Day, Year)	INJUR	Y WO		28d. DESCRIBE HO	W INJURY OCCU	RED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, stre			28f. LOCATION (Stre	at and Number o	Burni Bo	uta Number	
E I	4 Homicide determined	building, atc. (Spec	cify)			City or Town, Ste	rte)	TOTAL TIO	or remon,	
LE I	29a. CERTIFIER 1 GERTIFYING PHYSM	CIAN: To the best of my know	ledge, death occurred	of the time date	and place, and due	to the country and				
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or Immedigation,	in my opinion, de	esth occured at the	time, data and place.	and due to the	cause(s) :	and menner as stated.	
	296. SIGNATURE AND TITLE OF CENTIMER		-1/		29c. LICENSE NUI					
8	9 V	Veall	do		102	6094 mg	29d. DATE	9/J	Wonth, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Jype, Pri	int)				110	1/7/	
	ELLIOTT GORBAT	Y, M.D./7845	OAKWOOD I	ROAD #2	03/GLEN	BURNIE, M	ID. 21	Ó61	/	
	31. DATE FILED (Month, Day, Year)	La Davidne	ATURE							
	061 04 1991	" a Davidson	- Randoll							



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the field within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Franklin Ander	rson	Bolth						10-04-	91	YEAR	12:09am M
1	4. SOCIAL SECURITY NUMBER 5. SEX		6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTI	1	8. BIRTH Countr	PLACE (State or Formian
	219-01-6464 1KI	M 2   F	73	YRS.		11250			11-23		Ma	ryland
æ	516 Dunkirk Road				9b. CITY		R LOCATIO		ATH		NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT					ват	timo	ore			Balt	imore
IRE	Marvland Balti	m o 10 o		10c. CIT	Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland Balti	more				-	timo					1 - YES 2 X NO
FUNERAL	516 Dunkirk Road					101	212			10g. CIT	USA	WHAT COUNTRY?
N D	11. MARITAL STATUS 12. WA	S DECEOEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specif	y Yee or No-		
BY F		YES 2 NAR OR DATES				, Puerto Rican, etc	-)	E — American Indian, k, White, etc.				
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION										White	
	(Specify only highest grade complete	od) po (1-4 or 5 +	(G/	ve kind of a Do NOT us	work done	during mos	HN sl of workin	g	16b. KIND OI	BUSINESS/IN(	DUSTRY	
COMPLETED	Coney	5+		sear	rch	Che	mist	5	Ess	ex Che	emic	al Co.
00	17. FATHER'S NAME (First, Middle, Last)						_		ME (First, Middle, Ma			
BE	Franklin Anderson	Bol							nce Al			
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, City of			
	Frances H. Bolth							1.,	Balto.		_	
	1 Buriet 2 X Cremetton 3 Removat from	m State	20b. PLACE A cemetery, crer	natory or o	ther plecel	ITION (Na	me of	Tno	10-4	LOCATION -	City or To	wn, Stata
	21. SIGNATURE OF FUNEBAL SERVICE CIDENSEE	Mar	2/	100	22,	NAME AN	D ADDRES	S OF FAC	LITY .	Dal U	Linor	e, MD
	George E. MacN	lahh	Te		0	rem	atio	n S	ociety	of Ma	aryl	and, Inc.
	23. PART I. Enter tha disesses, or complice ahock, or heart fallure. List only	ations that	caused the day	ath. Do r	not anter	the mov	rrec	ret.T	CK Ru.	, Ball	.,	MD 21228
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSECUTOR AS A CONSEC	UENCE OF	F): F):	n	Tul	tefor	ine			Orbet and Daath
ERT	resulting in death) LAST											
	PART II. Other aignificant conditions contri	buting to	daath but not re	aulting	in the un	derivina	Cause o	lven in F	Part I. 24a WAS	AN AUTOPSY	245	WERE AUTOPSY FINDINGS
MEDICAL									PEF	FORMEO?		AMILABLE PRIOR TO COMPLETION OF CAUSE
ME									_   '   '	a s [MMO		DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OTHER		ACE OF DE	ATH (Chec	ck only one)			
₹		e. DATE OF	ER/Outpatient 3		4 🗆 Nun	ing Home	_	-	Other (Specify)			
	1 X Natural 5 Pending	(Month, Da		28b. TIMI INJ	URY M	28c. INJU WOF		- 1	26d. DEŞCRIBE HO	W INJURY OC	CUREO	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	e. PLACE OF	INJURY — At hon	ne, term, s	street, fact				28f. LOCATION (Str	eet end Number	or Rumi A	oute Number
	4 Homicide determined	bunding, I	itc. (Specify)						City or Town, S	telo)		
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	the best of	my knowledge, des	th occurre	d at the ti	me, date o	end place.	end due to	o the cause/e) and	manner se stat	ad.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the	basis of ex	amination and/or in	westigation	n, in my o	pinion, de	ath occure	d at the ti	ima, date end place	, end due to th	e cause(e)	and manner se stated.
ш	29b. SIGNATURE AND TITLE OF CONTIFIER	On				Т	29c. LICE					(Month, Day, Year)
10 8	V Jant Own	th					D	17	990	•	10/	4/57
	James Quinlan, M	.D.,	10085	Red	Print) Ru	n Bi	Lvd,	Su	ite 303	B, Owi	ngs	21117 Mill, MD
	31. DATE FILED (Month, Day, Wear) 000 04 1991 9 wh	REGISTRAF	s signature	02								,



ų.

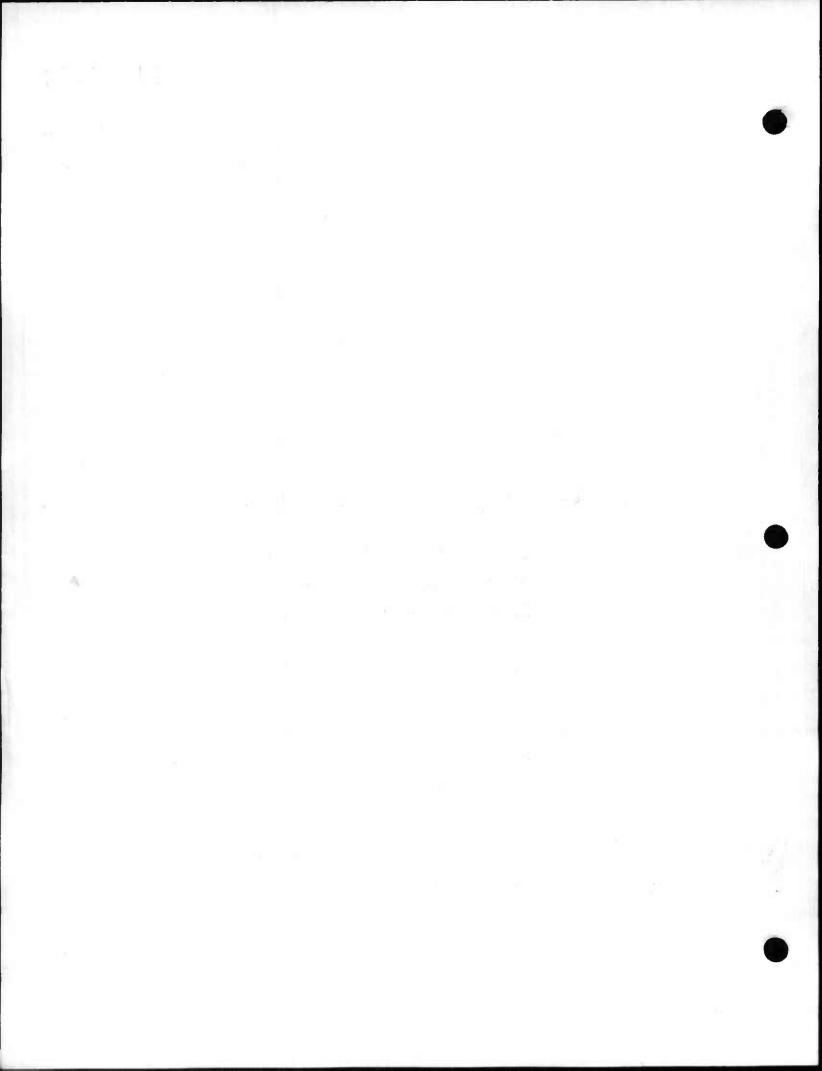
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SARAH ANN HOLMES BRANDON 3. TIME OF DEATH WOYTO. S'S. SYEAR 00:57 Sarah Brandon 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
9-12-30 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-32-4510 1 M 2 X F 61 S.C. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1722 E. 31st STREET 21218 U.S.A. nurs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black. White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married It yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) UNEMPLOYED 5TH once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JOE DAVIS BE MARY JONES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 ROBERT HOLMES 1626 GLENEAGLE RD/BALTIMORE, MD 21239 g 20a. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 X Burial 2 BALTIMORE CEMETERY BALTIMORE, 5 Other (Specify) examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral filled in by the fion, or removal. WM.C.MARCH F.H./1101 E. NORTH AVE. medical es, or complications that bused the deeth. Do not enter the mode of dying, such ee cerdisc or respiratory arrest, 23. PART I. Enter the diseas Approximata shock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) completely filled the disease or condition resulting in deeth) DUCMONARY EMBOCISM.

DUE TO (OR AS A CONSEQUENCE OF): OSPITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within other traumatic event, and com o burial, c MIXOID LIDO SARCOMA.

DUE TO (OR AS A CONSEQUENCE OF):

DEEP U. THROMBOWS. CERTIFICATION Sequentially list conditions, DIRECTOR: After this certificate has been signed by the attending physician ar hours after death with the State Dept. of Health and Mental Hygiene prior to titem 28 is marked, or litem 23 shows any Injury, or other trauma if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST shows any Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, tactory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE LOSPINGLOR ATTO THE EUNERAL DIRECTOR DE FILED WITHIN 72 HOURS AT IMPORTANT: IL ITEM 2 29s. CERTIFIER (Check only (Ch 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) accola From MID. 10.02.91. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Union Memorial Hospital 31. DATE FILED (Month, Day, Year) Sidia Daydson-Pandell OCT 04 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



OHMH-16 Rev 1/89

Š	et	NO.	질	
BALTIMORE, MA	2	90e	9	
삝	may	0 y	15	
0	9 9	rection	Ē	
Σ	Pag	6	Je .	
5	ath.	ner	Ē	ŀ
34	r de	el e	ex:	L
	afte	DY T	Cal	Ī
	SIN	5 5	2	
	7	filled in.	9	
	i.	ely 1	5	
'n	With	cren	lent.	
4	ted	ial,	6	
3	xecu	E a	Tat I	
×	pe e	ian or to	E	
Ö	ate	pric	T t	
	rtific	iene	=	
Ö	8	E B	10	
۵.	peat	at a	ř	l
က်	the	The The	큳	l
문	hat	an of	À	
Ö	Sa	gne	50	l
B	qui	E H	10 W	l
Œ	W	bee.	8 8	l
7	- e	Pass De	1 2	l
E	Ē	cate	lle	l
5	18	artife the	0	i
上	Sil	is ce	ed,	l
3	本	F: ₹	ark	l
O	N	Afte	E	l
S	TEN	The The	00	l
5	AT	RECT A	E	l
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	200	5	
	TO THE HOSPITAL OR ATTENDING MASICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be reti	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not	
	50	NO.	AN	
	*	무	OR	
	101	D 2	M	l
		, -	_	П

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			2. DATE OF	REG. NO.		3. TIME OF OEATH	
FLOYD LEE	BATES				момън	02	1991	8:09 P	
4. SOCIAL SECURITY NUMBER 215-01-9731	5. SEX 6. AGE (	(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1	E BIRTH Day, Year) 21-11	8. BIRTH Countr	PLACE (State or Foreign V a .	
98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  THE JOHNS HOPKINS HOSPITAL  BALITMORE CITY  BALITMORE									
MD 106. COUNTY 106. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
1300 E. LANVALE ST. APT. 327 21					10g. CITIZEN OF WHAT COUNTRY?				
Neuer Married 2 Married FORCES? 1 X YES 2 NO If yes, speci					ENDENT OF HISPANIC ORIGIN? (Specify Yea or No— beetly Cuban, Maxican, Puerto Rican, etc.)  14. RACE — American Ind Black, White, etc.  Specify:  BLACK				
15. OECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)		Iffe. Do NOT use	ork done during mo retired.)	ON at of working	16b. K	LIOUAD			
17. FATHER'S NAME (First, Middle, Last)		MAINTE	NANCE	16. MOTHER'S NA		idle, Malden Sumam		INTENANCE	
19c. INFORMANT'S NAME (Type/Print) EVELYN BRANCH	WELVE DD ANOU				Route Number			D 21215	
20a METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)		ARRISON		netery, cremetory or T VA CE	EM.	OWING			
21. SIGNATURE OF FUNERAL SERVICE LICI	COAD			. MARCH	0.0000	/1101	E. NO	ORTH AVE.	
23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	ist only one cause on e				h aa cardli	ac or reapiratory	arrest,	Approximata Interval Batwe Onset and De	
Sequentielly list conditions,	ESOPH	A CONSEQUENCE OF	- CAA	ICER				14 MD.	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	OUE TO (OR AS								
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	1	out not reculting in	n the underlyin	g cause given in		24a. WAS AN AUTOP PERFORMEO? 1 YES 2 SKNO		AMILABLE PRIOR TO	
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST  PART II. Other eignificant conditions AUGINA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death I			g cause given in		PERFORMEO?		COMPLETION OF CAUSE DF DEATH?	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST  PART II. Other eignificant conditions AUGINA 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:  1   Impation: 2   ERFOUR	patient 3 DOA	26. P. OTHER: 4  Nursing Hon	.ACE OF DEATH (C/	neck only one	PERFORMEO?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daeth) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOU  27. MANNER OF DEATH  1 Natural 6 Pending Investigation	HOSPITAL:  1 Inpatient 2 KER/Out  28a. OATE OF INJURY (Month, Day, Year)	patient 3 DOA 26b. TIME	26. P. OTHER: 4 \( \text{Nursing Hon} \) E OF \( \text{28c. IN.} \) HY \( \text{M} \) 1 \( \text{I} \)	LACE OF DEATH (C/	6 Other 28d. OESC	PERFORMEO?  1 YES 2 NO  (Specify)  RIBE HOW INJURY	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?  1 YES 2 NO	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOO  27. MANNER OF DEATH  1 Accident 3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSIA	HOSPITAL:    I   Inpatient 2   ER/Out    28e. OATE OF INJURY (Morth, Day, Year)	patient 3 DOA  26b. TIME NJU  Y — At home, farm, si	26. Pi OTHER: 4 □ Nursing Hon E OF JRY M 1 □ Ireet, factory, office	LACE OF DEATH (C)  THE 5 Residence  TURY AT  SHK?  YES 2 NO	6 Other 28d. OESC 26f. LOCA	PERFORMEO?  1 YES 2 NO  (Specify)  RIBE HOW INJURY  FION (Street and Nurr  Town, State)	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?  1 YES 2 NO	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Invitated eventa resulting in daeth) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AND  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:    HOSPITAL:   Impatient 2 Ker/Out	patient 3 DOA  26b. TIME NJI  Y — At home, farm, s	26. PI OTHER: 4  Nursing Hon E OF	ACE OF DEATH (C/	eck only one  8 Other  28d. OESC  26f. LOCAl City or	PERFORMEO?  1 YES 2 NO  (Specify)  RIBE HOW INJURY  FION (Street and Nur  Fown, State)	OCCURED  mber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS DE DEATH?  1 YES 2 NO  Route Number,	

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF TEMPORAR PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL CHARACTER THIS CENTIFICATE has been signed by the attending physician and completely filled in by the it be filed within 72 his property with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT: If item 21 in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 9   26994
	BRUTON, CLAY  Clay Burton (Bruton)  2. Date of Death Month DAY YEAR 10/01/91  7:35 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1  Nonths
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  CHURCH HOSPITAL CORPORATION BALTIMORE CITY  RESIDENCE OF DECEDENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  Md Baltimore City XX yes 2 □ NO
FUNERAL	100. STREET AND NUMBER  101. ZIP COOE  109. CITIZEN OF WHAT COUNTRY?  401 North Luzerne Avenue  21224  U.S.A.
ВУ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 VES SINO  14. RACE — American Indian, Black, White, alc.  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, alc.)  16. RACE — American Indian, Black, White, alc.  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, alc.)  18. RACE — American Indian, Black, White, alc.  19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, alc.)  19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, alc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7 th Grade  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CONSTRUCTION Worker
BE CON	17. FATHER'S NAME (First, Middle, Last) Van Bruton  18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Horne
TO B	196. INFORMANT'S NAME (Type/Print) Beverly Allen  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 1611 MULLIKEN CT./BALTIMORE, MD 21231
	20c. METHOO OF DISPOSITION 1 Densition 3 Removal from Stale 4 Densition 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)  King Memorial Pk. Cem. Randallstown, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM.C. MARCH F.H. 1101 E. NORTH AVE.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onaft and Death  Onaft and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
LCER	PART II. Other eignificegt conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Caralo mya pathy (scheme) Chronic 1   248. WAS AN AUTOPSY PERFORMED?  Outractive pulmonary disease 1   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  28. PLACE OF OEATH (Check only one)  OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ВУ РН	27. MANNIR OF DEATH  286. DATE OF INJURY  (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending 2 Accident Investigation  28c. INJURY AT WORK?  1 YES 2 NO
	3 Suicide 4 Homicide  Solution of the determined  Solution of the determined  Solution of the determined  Solution of the determined  Solution of the determined solution of the determ
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated.
BE	296. SIGNATURE AND TITLE CENTIFIED RUND 296. LICENSE NUMBER 296. DATE SIGNED (Annot Day, India)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)  TIMO by J. LOW) MD. Charch Hospital
	31. OATE FILEO (Month, Day, 1601) 32. REGISTRAR'S SIGNATURE  OCT 04 1991 Askie Davidnon Bando 80

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEA	AND	MENTAL HYGII		91	26995
	DECEDENT'S NAME (First, Middle, Last)	Torin R.B	rooks						2. DATE OF DEATH	2 1	L99 <b>1^</b>	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212–90–2549	5. SEX	6. AGE (In yrs. les 24	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month Day Year) 3-25-196			HPLACE (State or Foreign Inv)
TOR	98. FACILITY NAME (# not institution, give 2518 W. Lanvalle RESIDENCE OF DECEDENT				эь. сіту, Balt			ION OF D	EATH	9c. CO	UNTY OF I	DEATH
DIRECTOR	10e. STATE 10b. COUNT	ſΥ			v. TOWN OF		ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						ZIP COD	E		10g. Cf	TIZEN OF	WHAT COUNTRY?
l H	2518 W. Lanvale	STreet					2121	L6		į	JSA	
84	11. MARITAL STATUS  1 N Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 XI	MED NO	11	yes, spe	city Cube	OF HISPAN In, Mexico Specify	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No-	14. RAC Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5	(G	CEDENT'S tve kind of w Do NOT us	USUAL OCC vork done du e retired.)	CUPATIO	N it of workin	ng	16b. KIND OF I	BUSINESS/IN	IDUSTRY	
N N	17. FATHER'S NAME (First, Middle, Last)						100					
S S	Thomas R. Brooks								ME (First, Middle, Meld J. Manning	en Surneme)		
TO BE	190. INFORMANT'S NAME (Type/Print) BISHOP JAMES W. MANN	ING, SR	191	4333 S	ADDRESS (	Street e	d Number	or Rural i	N. W. Roan	own, State, Z	Va Code)	24014
	26a. METHOD OF DISPOSITION  1 Daniel 2 Cremellon 3 Ren 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE A cometery, cre King	ANDDATEC	F DISPOSIT	ION (Nai		-	DATE 20c.	LOCATION -	- City or To	
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LI	Glys	M	CILOT	22. N	AME AN	F/H W	ss of FA				T U
מורי אופ ווופחורס	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Dial	ise on each line	etoa	wid	,		ing, suc	h as cardiac or res	spiratory a	rrest,	Approximata interval Between Onset and Death 24 hou
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	GOR AS A CONSEC			te		ty	pe 1			8yrs
MEDICAL	PART II. Other significent condition	ns contributing to	death but not n	eaulting in	n the und	ariying	cause ç	given in	Part i. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 NO	246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	500		OTHER:		2.4		eck only one)			•
	27. MANNER OF DEATH  Netural 5 Pending	28e. DATE OF (Month, Di	INJURY	28b, TIME	OF 2	Bc. JNJU WOF	RY AT		6 Other (Specify)  28d. DESCRIBE HOY	/ INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE Of building,	F INJURY — At houstc. (Specify)	me, farm, si	treet, factor	, office			28f. LOCATION (Stree City or Town, Ste	et end Numbe	or Aural I	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of ex	my knowledge, de	nth occurre	d at the tim	n, date o	and place,	end due	to the cause(s) end m	enner ee sta	ited. he ceuse(s	s) and menner as stated.
TO BE (	29b. SIGNATURE AND THE OF CERTIFIE	won	N)				29c, LICE	NSE NUM	IBER	29d, DAT	SIGNED	(Month, bay, Year)

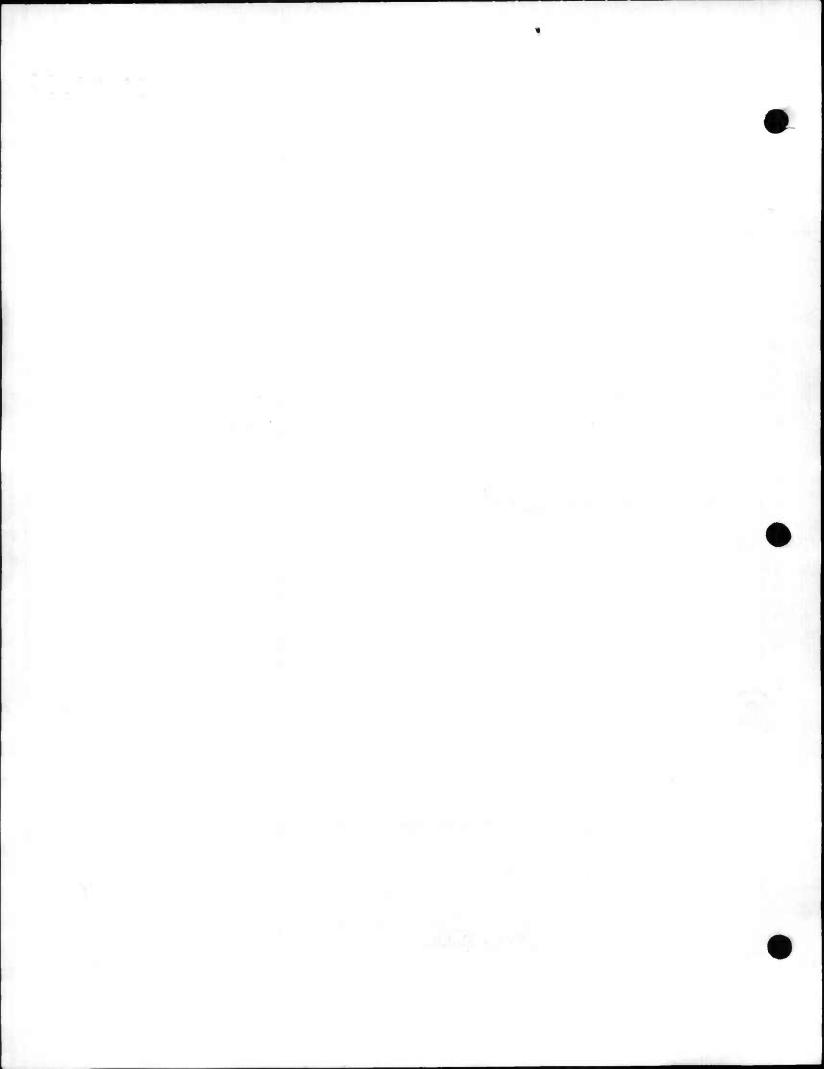
LETTED CAUSE OF OEATH (ITEM 27) (Type, Print)

32 BEGISTRAR'S SIGNATURE DAVIDSON - Pandell

a

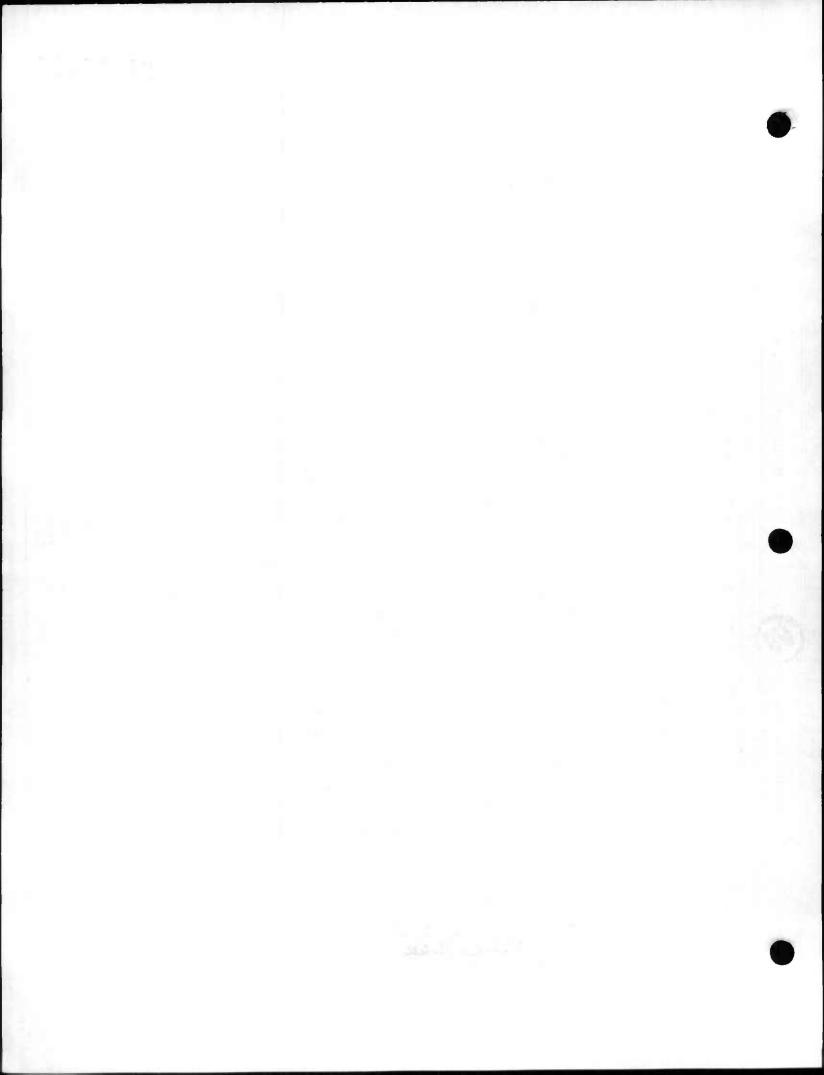
th, Day, Year) 1991

OCT 04



J
į
9
ĺ
į
4
9
d
-
í
4.8.4
20000
9
THE RESOURCE OF STREET, THE PARTY OF THE PAR
5
1 7
110001
4

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	)		CERTIF	ICAIL	. 01	DEA	111	I a ne	REG. N	0.		
	CARL O. BELLO									MTH	DAY 2	YEAR 1991	3. TIME OF OEATH 6:25 P. N
	4. SOCIAL SECURITY NUMBER 212-10-6096	5. SEX 1X M 2 F	6. AGE (In 79	yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DA (M	TE OF BIRTH onth, Day, Year)		S. BIRTI	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give CHARLESTOWN CAR RESIDENCE OF DECEDENT						MORE	ION OF DI			9c. CO	UNTY OF C	
DIRECTOR	MARYLAND BA	LTIMORE			Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1636 SPENCE STE							230			US		WHAT COUNTRY?
ВУ	1 Marriad Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U	S. ARMED 2. NO ES	li li	yea, sp	ENDENT ( ecity Cubi 2 (L) NO	ın, Maxica	in, Puar	GIN? (Specify Y to Rican, etc.)	na or No	14. RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)		6a. DECEDENT'S (Give kind of life. Do NOT u	work done o	CUPATIO	ON ist of worki	ng		16b. KIND OF B	JSINESS/IN	DUSTRY	
OMPI	9TH 17. FATHER'S NAME (First, Middle, Last)			FO	REMAN	Ī	16 MOT	HER'S NA	ME (Fire	CAR		IRY G	LASS CO
BE	KARL BELLOFF  190. INFORMANT'S NAME (Type/Print)							AMEL	IA	STEINK	E		
5	BLANCHE V. BELLO									E, MD.			
	20g, METHOD OF DISPOSITION 1   Burlal 2   Cremetion 3   Red 4   Donation 6   Other (Specify)			ADOWRID	GE ME	MOR	IAL		10	-7 EL	CATION —		wn, Stata ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	Eisher			HU	BBAI		JNERA	AL 1	HOME IN		ORE.	MD. 21229
NO	23. PART I. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	s. Cay di DUE TO (1) b. Degene	e on eeci	n line.						ardiec or ree			Approximata interval Between Onset and Death
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CO	DASEQUENCE OF	4		0						
MEDICAL	PART II. Other significent condition Dementia.  with hyphology Disland	macro			tur	e f	ben	given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	200	- (	OTHER		ACE OF D						
ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 I	NJURY	26b. TIM		Bc. INJU	JRY AT		_	her (Specify) ESCRIBE HOW	INJURY OC	CURED	
	3 Suicida 6 Could not be 4 Homicide datermined	28e. PLACE OF building, at	INJURY — tc. (Specify)	At home, farm, s	treet, facto	ry, offica			261, LC	OCATION (Street ty or Town, State	and Number	r or Rural R	loute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of m	ny knowledg	je, death occurre	d at the tin	ne, data inlon, de	and place, eath occur	end due	to the c	cause(s) and me	nner as ata	ted. he cause(e	) and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND AGORESS OF PERSON WITH	ullus	n	4			29c, LICE	3	BER	82	29d. DAT	E SIGNED	Month, Day, Year)
	DR. WILLIAM M. I	RUSSELL -	1000	S. CAT	ON A	VENU	JE -	BALI	IMC	RE, MA	RYLAN	VD 2	1229
	31. DATE FILED (Month, Day, Year)	32. REGISTINAR				_			_			_	



IMORE, MARYLAND 21203-3146

Page 6 may be retained by the hospital or attending physician.

1 - FOR STATE REGISTRAR

BALI	death
m	after
	SUNO
	27
5,	within
1314	executed
×	2
O. BC	ath certificate be executed within 2> nours after dear
<u>.</u>	death
S	the
분	that
ECO	requires
	MP
A	100
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-nours after death
ISION	ATTENDING
$\leq$	OR
_	HOSPITAL
	244

	1. DECEDENT'S NAME (FIRE CATHERIN)		UZGIERSKI								DAY 2.8	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	ISER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. SIRTH	PLACE (State or Foreign
	216-54-480	01	1 🗆 M 2 🙀 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	1 12	08	Md.	
	9a. FACILITY NAME (If not					9b. CITY, 1	OWN (	OR LOCATIO	N OF DE	ATH	9c. COUN	TY OF D	EATH
ECTOR	1524 Dente		nue			Es	se:	x			Ba	ltin	ore
ក្ខ	RESIDENCE OF DE	10b. COUN	TY		10c. CI	TY, TOWN OR	LOCA	TION					10d. INSIDE CITY
DIR	Maryland	Ba1	timore		E	ssex							LIMITS?  1 YES 2 X ND
AL	10e. STREET AND NUMSE	R					10	1. ZIP CODE			10g. CITIZ	EN OF Y	VHAT COUNTRY?
8	1524 DEnte	on Ave	nue					2122	1		U.	S.A	
BY FUN	11. MARITAL STATUS  1 Never Merried 2   **Widowed 4 Div		FORCES?	NT EVER IN U.S. A 1 YES 2 S WAR OR DATES		H	/es, sp	CENDENT O	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify ' n, Puerto Ricen, etc.)	fee or No-	14. RACE Stack Speci	- American Indian, c, White, etc.
ED		CEDENT'S ED		16a.	DECEDENT'S	Work done du	UPATI	ON out of working		16b. KIND OF E	USINESS/IND	USTRY	
COMPLET	Elementary/Secondary 8th		College (1-4 or 5		Homer	ise retired.)	my na	OST OF WORKIN	,				
00	17. FATHER'S NAME (First,							18. MOTH	IER'S NA	ME (First, Middle, Maid	en Sumame)		
BE	Frank Gorn						2.07						
2	Mr. Mariot		ionald							Route Number, City or 1			21
				20h. PLAC	CE OF DISPO	SITION /Nam	e of ce	metery crem	atory or	Baltimore	LOCATION -		
	20e, METHOD OF DISPOS 1 Suriel 2 Cremet 4 Donation 5 Oth		moval from State	10/01	- Sac	red H	ear	rt of	Mar		Baltim		
	21. SIGNATURE OF FUNER		LICENSEE			22. N	AME A	ND ADDRES	S OF FA	CILITY			
	→ Wattu 23. PART I. Enter tha	1 Da	browsk	ن		10	05	Dund	alk		Balti	more	, Md. 212
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CAY dip Du monAry Arrest  Due to (orlas a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying  CALISE (Disease or the Industry)  CALISE (Disease or the Industry)  CALISE (Disease or the Industry)  Arrest  April 1 Arrest  COTONARY OF HELY disease or the Industry  COTONARY OF HELY DISEASE OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF HELY DISEASE OF THE INDUSTRY  COTONARY OF THE INDUSTRY  COTONARY OF THE INDUSTRY  COTONARY OF THE INDUSTRY  COTONARY OF THE INDUSTRY  COTONARY OF THE INDUSTRY  COTONARY												
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. FOR ATY OF HEY WISEASE  DUE TO (DR AS A CONSEDUENCE OF):  d.												
MEDICAL	PART II. Other algniff		bettes me		ot resulting	in the und	erlylr	ng cause (	given in	PERF	AN AUTOPSY ORMED?	248	MERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MEC	hyperter	15/0 h											1 YES 2 NO
AN:	- 11												
CIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		PLACE OF D	EATH (Ch	neck only one)			
YSICI	1 TES 2 HO			☐ ER/Outpatient		4 🗆 Nurel	ng Ho		sidence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 6 2 Accident	Pending Investigation	n	Day, Year)		M	1 🗆	VES 2	] NO	28d. DESCRIBE HO	W INJURY OC	CURED	
ETED	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At g, etc. (Specify)	home, farm	, street, facto	ry, offi	lce		281. LOCATION (Stru City or Town, Str		or Rural	Route Number,
COMPLE	Conden only									to the cause(s) and stime, data and place			a) and manner as state
O BE	Medile-	70	Martin	mo	2			29c. LIC	S 3	3/6	29d. DAT	3 C	Mouth Day, Year)
Ĕ	30. NAME AND ADDRESS	F Be	VHO COMPLETED CA	MO DEATH	Johns	Hanki	h,	Ger	istr	is Carl	55	05	Hypkinsle
	31. DATE FILED (Month, De	ny, Year)	32. REGIST	RAR'S SIGNATUR	i de	1			711		B	Afra	1600 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

54.00 and the second section of the same the second contract of the party of the contract of the contra The state of the s

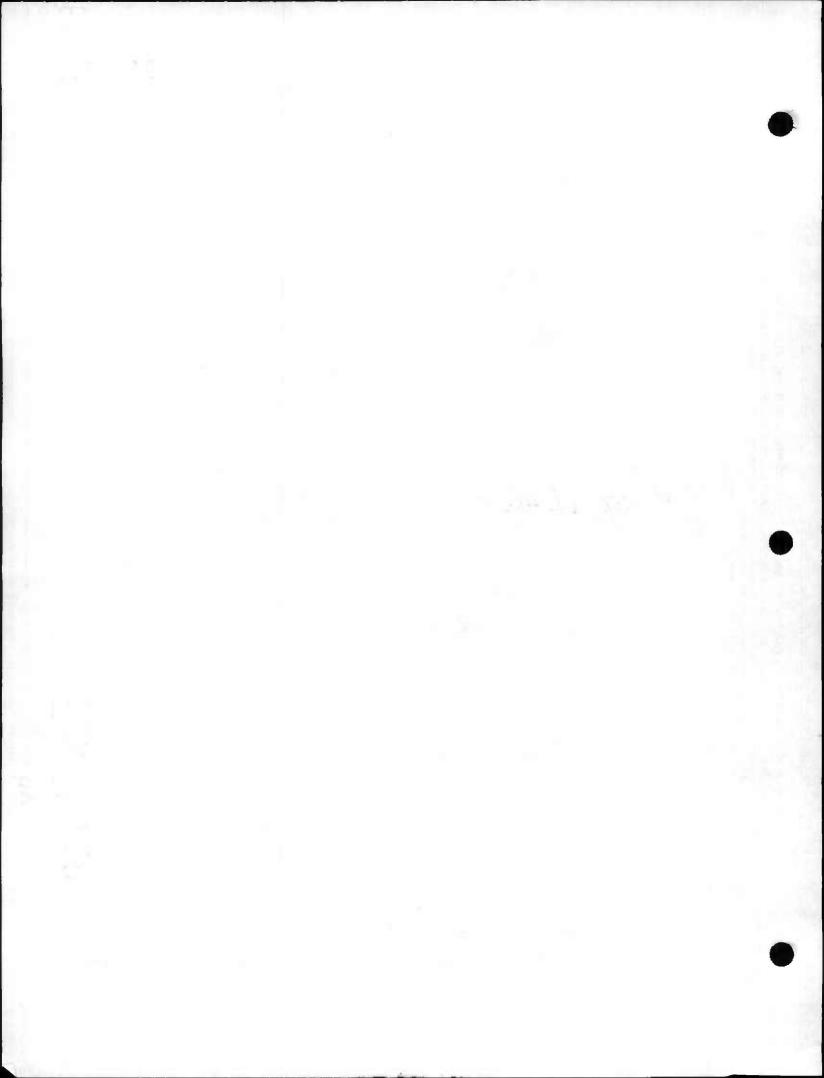
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF H	HEALTH	AND	<b>MENTAL</b>	<b>HYGIENE</b>
	C	ERTIFICATE	OF	DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, Les LA	RRY VINCENT	BERRY			2. DATE OF DEAT	TH 9-25-9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229 30 4313	5. SEX 6. AGE (In	VRS	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 5-9-30	er)	BIRTHPLACE (State or Foreign Country)
96. FACILITY NAME (If not institution, giver product of the produc			Frede	OR LOCATION OF DE	ATH	9c. COUNTY Frede	of DEATH erick County
10a. STATE 10b. COU			rederic				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FIXED ADDRESS treet, Roanoke,	VA	10	21701		10g, CITIZER	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto Rican, et		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12)		(Give kind of we life. Do NOT use	ork done during mo		16b, KIND O	PF BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	felden Sumame)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City o	or Town, State, Zip Co	ode)
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State of ce	PLACE ANO OATE		(Name	OATE 20	Dc. LOCATION — City	y or Town, State
THE PATURE OF FUNERAL SERVICE	LICENSES Ronald Wa	ade, Dir -2-91		ND ADORESS OF FA	Deac	e Anatom	_
PART I. Enter the diseases, ahock, or heart failured immediate CAUSE (Final disease or condition resulting in death)	a.  DUE TO (OR AS A	Chagin	ot entar tha mo	ods of dying, suc			Interval Bette Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (	brotie	Carlos	Cereb	shia	r Acader	*
PART II. Other algorificant condit	Plustoban	t not resulting li	the underlyin	g cause given in	PI	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only one)		- 10
1 YES 2 NO	HOSPITAL: 1 □ Inpetient 2 □ ER/Outpa  28a. DATE OF INJURY	tient 3 DOA		ne 5 🗆 Residence		(y) HOW INJURY OCCU	950
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	YES 2 NO			
3 Suicide 6 Could not determined			reet, factory, one		City or Town,	Street and Number or , State)	Pluras Ploute Number,
anal	INSICIAN: To the best of my knowle						
29b. SIGNATURE AND TITLE OF CERTIFICATION	M. Mynd	or -		29c. LICENSE NU 0 - 18			BIGNED (Month, Day, Year) - 25-91
30. NAME AND ADDRESS OF PERSON ANTICE CO. MAR		TH (ITEM 27) (1700,	Print) Johan	A. Fa	eurin	mp. 21	70 2
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	Time 4	0				



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial	on, or removal.	to sending accompany against he mailting at any
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t	we find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT Ham 28 is marked or them 24 shaws any interest or other transmits are made as asserting as a second secon

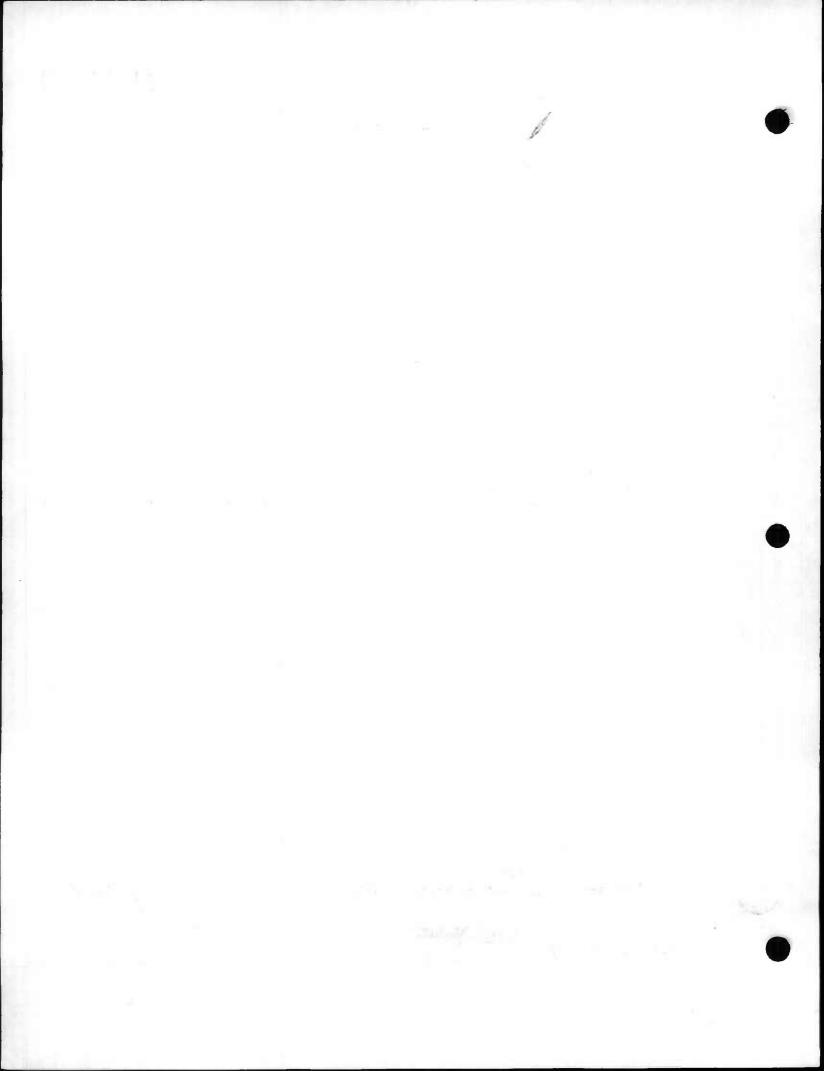
	1 - STATE OF MAR	RYLAND / DEPART CERTIFIC	MENT OF HEAD	TH AND ME	NTAL HYGIEN	_	20333	
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH	
	GARY EUGF	NE CHR	RISTY		NONTH DI	9	7:10 A M	
				INDER 24 HRS. 7. f	DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign	
	219-56.6640 18M2DF	38 YRS.	HONTHS DAYS HOL	JRS MIN.	1/4/52	2	Maryland	
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LO		11	9c. COUNTY		
Ö	DOSEPH HICKETHOS	Pice	Baltin	ione		C	ity	
EC	10e. STATE 10b. COUNTY	10c, CITY.	TOWN OR LOCATION				10d. INSIDE CITY	
E E	Maryland			LIMITS?				
AL	10e. STREET AND NUMBER	naı	rve De G			100 CITIZEN	1 YES 2 NO	
BY FUNERAL DIRECTOR	105 Alliance St. Apt H	3	2	1078				
S	11. MARITAL STATUS 12. WAS DECEDENT EV	FR IN U.S. ARMED	13. WAS DECENDE	NT OF HISPANIC O	RIGIN? (Specify Yes		S . A . RACE — American Indian.	
1 F	1 Never Married 2 Merried FORCES? 1 FYES, GIVE WAR C	If yes, specify	Cubsn, Maxican, Pu NO Specify:	erto Rican, stc.)		Black, Whits, stc. Specify:		
							Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	SUAL OCCUPATION ink done during most of viretired.)	vorking	16b. KIND OF BUS	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) College 4		amp Cour		Chaha	o.f. W-		
₩ O	17. FATHER'S NAME (First, Middle, Last)	TOOU SU		MOTHER'S NAME (F			aryland	
	Richard Christy		16.	Geneva		Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street and Nu			State 7in Co.	dal O t O M O	
5	Geneva Christy		lliance				<sup>(*)</sup> 21078 De Grace, MD	
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of				or Town, Stats	
	1 Deurisi 2 Cremation 3 Removal from State 4 Densition 5 Other (Specify)	Arbutus M		Park 1			Name of the last o	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	6	22. NAME AND AD	DRESS OF FACILITY	Nutter	Fune	eral Homes	
	- Smy & Lolling		2501.0	Swynns nore, M	Falls F	arkwa	ay .	
	23. PART I. Enter the diseases, or complications that can	used the death. Do not	t anter the mode of	dving such as	cardles or reach	Z I Z	.   Approximate	
10	ahock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final	on each line.			outural of teaps	atory arreat	interval Between Onset and Death	
		LATORY 1	FALLIKE				Onset and Death	
	OUE TO (OR.	AS A CONSEQUENCE OF):	,,,-0,-					
Z	Sequentially list conditions,	5						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):						
일	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF:						
E	resulting in death) LAST	A CONSCOURNCE OF).						
S	d							
AL	PART II. Other eignificant conditions contributing to deat	th but not resulting in	tha underlying cau	ea givan in Part	I. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL					1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
ME							1 VES 2 NO	
Ž								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	16	26. PLACE O	OF DEATH (Check on	ly one)			
IYS	1 YES 2 NO 1 Inpatient 2 ER/	Outpatient 3 DOA 4	☐ Nursing Home 5 [		Other (Specify)	Hospic	~	
4	1 Natural 5 Pending (Month, Day, Ye	RY 28b. TIME (	Y WORK?	100	DESCRIBE HOW IN	JURY OCCUR	ED	
BY	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJ	URY — At home, farm, stre	1 1 169		LOCATION (Cr			
	4 Homicide 8 Could not be determined building, etc. (	Specify)	set, settery, office	261.	LOCATION (Street as City or Town, State)	nd Number or H	tural Houte Number,	
9	29s. CERTIFIER							
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my k one) 2 MEDICAL EXAMINER: On the bests of examine							
	29b. SIGNATURE AND TITLE OF/CERTIFIER				data and piecs, sno			
8	and I		29c.	D 37 29	9		GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Time Co	rint)	/ 31 41	1	10/1	/4/	
	A	ST SUTE 85		N 2120	04			
	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S \$		1-34,	2120				
	OCT 04 1991 July Devision	jandelle						

.

BALTIMORE, MARYLAND 21215-0020

physi	buria		
ging	the		
men	e as		
0.0	or us		
spital	hed f		
e ho	etach		nce.
S S	be d		at o
ped	pino		pe
retai	5 sh		TO THE
y be	age		be
S ma	tor, p		ust
age (	direc		9r m
4	eral		Ě
dear	e fun	91	8
afte	by th	mon	leal leal
ours	d in	or re	med
24 0	fille	ion,	he
thin	etely	ета	nt,
≯ Pa	ошо	al, cr	eve
ecut	und c	burk	atic
S es	ian a	or to	mne
cate	mysic	e pric	or tr
ertitu	ing p	gien	to the
अध्य ८	tend	a Ly	0
e de	he at	Ment	juny
at th	9	and	ıy in
es th	gned	ealth	\$ 30
edui	en si	04 H	how
J ME	IS be	ept.	23 \$
The	ite he	ate D	E
IAN:	tifica	e St	or it
VSIC	s ce	44	d,
H	or thi	th w	arke
N C	Afte	dea	E S
WIEN	HOL	after	28
SH A	)JRE(	OULS	me
TO THE HOSPIAL OR ALENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physic	- IO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	To filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
25	UNE	ithin	ä
¥	HE FI	M pe	ORT
5	101	be fil	MP
N	13	1	

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEF CERT	PARTMEN	T OF H	HEALTH A	ND MEN	NTAL HYGIEN		1 2/000
	1. DECEDENT'S NAME (First, Middle, Lest) ORREAN COLVIN	Mr	. Orrean	Colv	in			DATE OF DEATH		TEAR 12:12 A
	4. SOCIAL SECURITY NUMBER 250 52 4329	5. SEX 1 [X M 2 [] F	6. AGE (In yrs. lest birtho	MONTHS	DAYS	HOURS I		Month, Om (_Yber)	6.	BIRTHPLACE (State or Foreign Country) COUTH CAROLINA
OB	9a. FACILITY NAME (II not institution, give s VA MEDICAL CENTER					ON LOCATION OWARD	OF DEATH		BALTI	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1	10c.	CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY
	MARYLAND  100. STREET AND NUMBER	- 1		BALT						1 X YES 2 NO
ERA	3806 MONTERAY	ROAD				21218			USA	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced			13.	If yes, sp	ENDENT OF Feelity Cuban, &	faxican, Pu	RIGIN? (Specify Yes erto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	18a. DECEDEN (Give kind	IT'S USUAL ( I of work done I've retired.) MILI	during mo	st of working		16b. KIND OF BU	SINESS/INDUS	
CO	17. FATHER'S NAME (First, Middle, Last) ALEX COLVIN							irst, Middle, Maiden		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRES	S (Street a	ALBER		(MOFFET Number, City or Tow		orde l
2	CAROLYN COLVII	V	13 5	T. I	VES	DRIV	E/SE	VERNA	PK, M	D 21146
	1 A Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		GARRIS	O Ner Proc	RES	T VA	CEM.	OATE   20c. LO	NGS M	IILLS, MD
	21. SIGNATURE OF FUNEBAL SERVICE LIC	ENSEE	0	22.	NAME AN	D ADDRESS	OF FACILITY	Y		
	23. PART I. Enter the diseases, or contact the disease the	Ce /	Son							NORTH AVE.
	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	METAS	STATIC GAS	STRIC		ua or dying.	, aoch aa	cardiec or reap	ratory arrest	Approximate interval Between Onset and Death
NO	Sequentielly list conditions,	D	TRITION OR AS A CONSEQUENCE							_
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		OH AS A CONSEQUENC	E OF):						
CERTIFICATION	thet initiated evente resulting in death) LAST	DUE TO (	OR AS A CONSEQUENC	E OF):						
CAL	PART II. Other algorificent condition DUODENUM ULC	s contributing to	death but not resulti	ng In the u	nderlying	ceuse give	n In Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDI	CHRONIC ALCO							1 🗆 YES 2	₩ NO	OF DEATH?
AN:	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetlent 3 DO	OTHE	R:	ACE OF DEAT		Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY 28b.	TIME OF INJURY	28c. INJ		-	DESCRIBE HOW II	NJURY OCCUR	EO
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF	INJURY — At home, far	M street fee		ES 2 N	_	LOCATION (Or	-14	
ETED	4 Homicide Could not be detarmined	building, a	etc. (Specify)		tory, orner		201.	LOCATION (Street a City or Town, State)	ind Number or I	Hurai Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY CHECK CHE	CIAN: To the best of ax	my knowledge, death occ amination and/or investig	curred at the	time, data opinion, d	and place, and	d dua to the	cause(s) and man	ner as stated.	suse(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- 0				29c. LICENSI				GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM 27) (1	ype, Print)	.()	_			<b>&gt;</b> /C	/ 3/9/
9. 2	AARON GREEN, M.D.	, VA MEDI	CAL CENTER	FORT	HOW	ARD, F	ORT I	HOWARD,	MD 21	.052
	31. DATE FILEO (Month, Day, Year) 0CT 04 1991	fura Davids	is significant							



Pages 1, 2, 3 should

permit.

once.

notified at

pe

must

examiner

medical

the

event,

traumatic

in by the f 0 completely filler HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within n and com to burial, DIRECTOR: After this certificate has been signed by the attending physician books after, death with the State Dept, of Health and Mental Hyglene prior to Hem. 28 is marked, or Item 23 shows any Injury, or other traun

TO THE HOSPITAL
TO THE FUNERAL
Be filed within 72 in

31. DATE FILED (Month, Day, Year)

04 199

12. REGISTRAR'S SIGNATURE

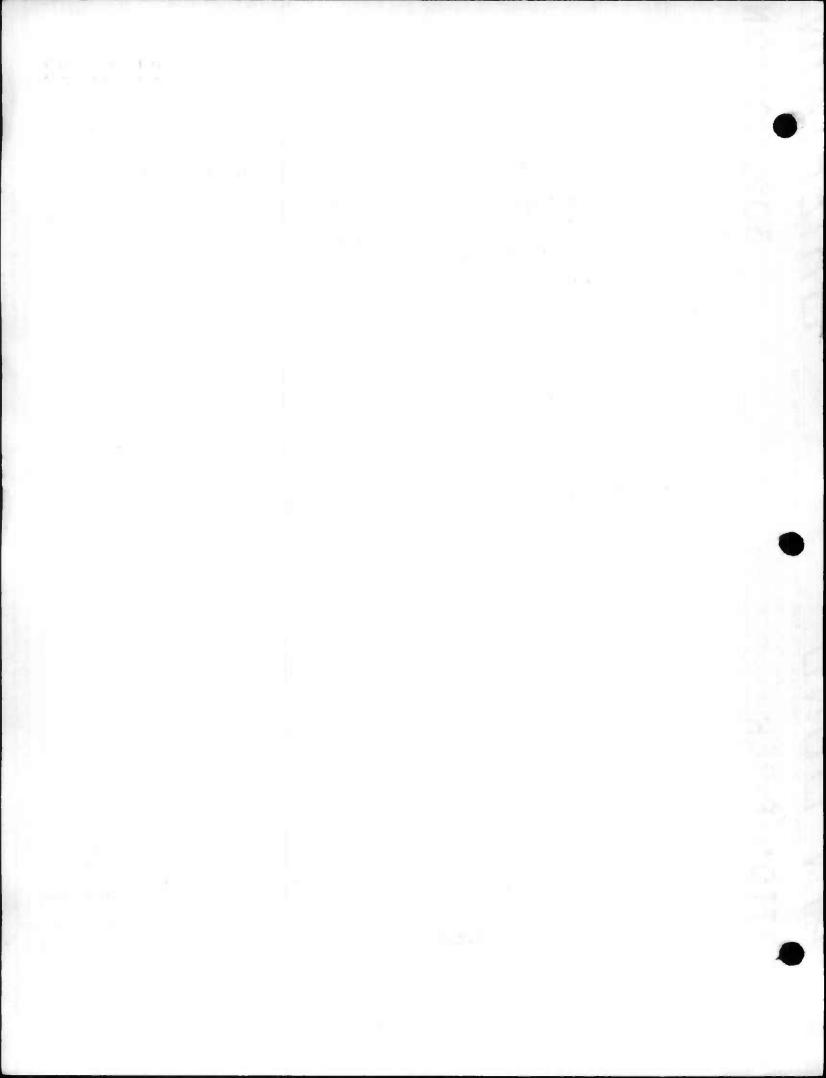
DIVISION OF VITAL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 gEAR LLEWELLYN COX 1:55 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 36 YRS DAYS HOURS Country) 214-64-2553 6-10-55 TEXAS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALBEMARLE STREET BALTIMORE DIRECTO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1802 WYCLIFFE ROAD 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 Merried FORCES? 1 YES 2 NO BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 10TH DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) EARLIE COX BE PEARLIE MORRIS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or To 1802 WYCLIFFE RD/BALTO., I 9 EARLIE COX METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 M Burlel 2 Cremellon 3 Removel from State
4 Donation 6 Other (Specify) BALTIMORE CEMETERY BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . COMBINED DRUG INTOXICATION reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 244. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO PLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Reeldence Other (Specify Trash Dumpter 1 | Inpatient 2 | ER/Outpatient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural UNKNOW 1 YES 2 🕠 NO BY 10 - 2 - 912 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 100 AT DEDMADT 3 Sulcide COMPLETED 8 Could not be 4 Homicide ALBERMARLE STRE 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. BE em 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. ▶10/02/91 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LOCKE PENN STREET, BALTIMORE, MARYLAND 21201

F VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 2	The Certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State herr of Health and Mema Honlein prior to burial cremation, or removal.	
BOX	ificate be e	physician a	
. P.O.	death cert	ental Hvoi	
ORDS	s that the	alth and Mi	
REC	aw require	s been sig	
VITAL	IAN: The E	tificate ha	o omo
0	PHYSICI	The Cert	-
DIVISION	DSPITAL OF STRUMB	INERAL DIRECTOR	7
	TO THE HO	TO THE FU	DE HIED WIT

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEP	ARTMENT OF		MENTAL HYG		91 27002		
	1. DECEDENT'S NAME (First, Middle, Last)	n. Car	eter			2. DATE OF DEAT MONTH	DAY Y	3. TIME OF DEATH  5 5 A M		
	4. SOCIAL SECURITY NUMBER 219-03-4339.	5. SEX 6.	7. DATE OF BIRT (Month, Day, Ye 3-//	H 8.	BIRTHPLACE (State or Foreign Country)					
DIRECTOR	9a. FACILITY NAME (If not institution, give a  DOX SECOURS  RESIDENCE OF DECEDENT	DEATH	9c. COUNTY	Y OF DEATH						
REC	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY		
	Md.  10e. STREET AND NUMBER	39/7 AT	letten	12A	10f. ZIP CODE		10g. CITIZE	1 PYES 2 NO		
BY FUNERAL	11. MARITAL STATUS 1 Never Martied 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 00	If yes,	PECENDENT OF HISP/ specify Cuban, Maxic (ES 2 NO Spec	en, Puerto Rican, at		I. RACE — American Indian, Black, White, etc. Specify: Black		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCCUP. of work done during T use retired.)	NTION most of working	18b. KIND C	F BUSINESS/INDUS	STRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)	unid			16. MOTHER'S N	AME (First, Middle, N				
TO BE	190 MFORMANT'S NAME (Type/Print)	rter	19b. MAIL	ING ADDRESS (Stre	et and Number or Rura		or Town, State, Zip C	ode) 2/2/5		
Must be	20a METHOD OF DISPOSITION 1 Surfel 2 Cremetion 3 Rem	oval from State	20b. PLACE OF DIS	POSITION (Name of Aut	cemetery, cremetory or	ery 20	Ba / TO	y or Town, State		
TO BE COM	21. SIGNATURED FUNERAL SERVICE LI	Proa)		Ja. NAME	AND ADDRESS OF F	West was	buch Su	NO A		
N N	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse		Protio	mode of dying, su  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  A  R  R	PLST  ORNT	reapiratory stress	it, Approximate interval Between Onset and Deat		
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
YSICIAN: MEDICAL CI	PART II. Other significant condition	na contributing to d	eeth but not resulti	ng in the undert	ying csuse given i	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (	Check only one)	-			
	1 YES 2 NO	28a. DATE OF IN		A 4 Nursing	fome 5 - Residence	-	(y) HOW INJURY OCCU	RED		
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	M 1	WORK? YES 2 NO					
TED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF building, et	INJURY — At home, fai c. (Specify)	m, street, factory, (	office	281. LOCATION ( City or Town	Street and Number of State)	Rural Route Number,		
O BE COMPLETED	and and	ICIAN: To the best of m						i. cause(s) and manner as stated.		
B 2	296. SIGNATURE AND TITLE OF CERTIFIE	Swar M			29c. LICENSE N	148	29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI			Type, Print)	ROBERS	AV? BY	हमार	MOSISIE ON		
	31. DATE FILED (Month, Day, Year)  OCT 04 1991	1 32. REGISTRAR	S SIGNATURE C							



	ı
	in.
Ď	400.00
4	1
OF VITAL RECORDS, P.O. BOX 13146	management of the state of the
×	3
0	-
n	200
o.	1
ď	4
-	4
S	4
r	4
0	-
ပ္ပ	
Ē	
	į
V	F
	2
>	è
Ē	- 5
O	i
Z	0
0	į
SION	i
=	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21203-3146 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SOCIAL SECURITY NUMBER  217-38-93-92  BON SECURE ESIDENCE OF DECEDENT  10b. COUNTY  MD  10s. STREET AND NUMBER	1 😘 M 2 🗆 F	49 YRS. MOI	UNDER 1 YEAR NITHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE		AC 9	SIRTHPLACE (State or Foreign Country)  WELY CAND
SOCIAL SECURITY NUMBER  217-38-93-92  BON SECURE ESIDENCE OF DECEDENT  10b. COUNTY  MD  10s. STREET AND NUMBER	5. SEX 6. AGE (	49 YRS. MON	D. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	36 9 H 6. E	SIRTHPLACE (State or Foreign Country)  WELY CAND
SOCIAL SECURITY NUMBER  217-38-93-92  FACILITY NAME (If not institution, give street and number)  SECRET 10b. COUNTY  MD  STREET AND NUMBER	5. SEX 6. AGE (	49 YRS. MON	D. CITY, TOWN O	HOURS MIN.	(Month, Day, Ye	H 6. E	BIRTHPLACE (State or Foreign Country)  INPRIA CAND
FACILITY NAME (If not institution, give street BON SCROUR SIDENCE OF DECEDENT OB. STATE 10b. COUNTY	et and number)	49 YRS. 9b	b. CITY, TOWN O	R LOCATION OF DE	120/2- EATH	41	MARGUAND
BON SECOUR SIDENCE OF DECEDENT STATE 10b, COUNTY MD STREET AND NUMBER		-	-	,		Jul 0001111	
STATE 10b. COUNTY  MD  STREET AND NUMBER				MORE	b		
STREET AND NUMBER			OWN OR LOCATI				10d. INSIDE CITY
		1 30 /1		ZIP CODE		40- CITIZEN	1 ✓ YES 2 ☐ NO OF WHAT COUNTRY?
	VER ST	REET	101.	2122	9	U.	JA-
MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yea, spe	ENDENT OF HISPAN acity Cuban, Maxica 2 NO Specify	in, Puerto Ricen, at	Ic.)	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCA (Specify only highest grade co	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATIOn done during monatired.)	IN at of working	16b. KIND C	OF BUSINESS/INDUST	RY
		Machine	oper	ator			
FATHER'S NAME (First, Middle, Last)					ME (First, Middle, N	faiden Surname)	
George Carr				Addie	Jones	5	
a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			or Town, State, Zip Coo	21133
Bernice Carr		3909 g	Adama we	on Roa	ad Ran	dallsto	wn, Maryland
a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION		UI.		Oc. LOCATION — City	
Burlel 2 Cremation 3 Remov	/al from State	other place)	es U.		ch Cem		e, Maryland
SIGNATURE OF FUNERAL SERVICE LICE	Harris						McCulloh S imore,Md 21
3. PART I. Enter the diseesee, or co	molications that cause	od the deeth. Do not					
ahock, or heert fellura. Li MMEDIATE CAUSE (Finel liseese or condition eaulting in deeth)	meto		_ 5	tomo	ch (	Car cu	Interval Between Onaat end Death
sequentially list conditione, any, leading to immediate leuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	a dia	tin			
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	2				
PART II. Other algorificent conditions	contributing to deeth	but not resulting in	- 4	g ceuee given in	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
					—		1 NES 2 NO
5. WAS CASE REFERRED TO MEDICAL			28 0	LACE OF DEATH (C/	heck only one)		
EXAMINER?	HOSPITAL:		THER:				
1 YES 2 NO	1 Inpatient 2 ER/Out 28s. DATE OF INJURY			ne 5 Residenca		Hy) HOW INJURY OCCUR	IFO.
MANNER OF GEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	JURY AT ORK? YES 2 NO	200. DESCRIBE	NOW INJURY OCCUR	EV
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spo	RY — At home, farm, streecify)	et, factory, offic		281. LOCATION ( City or Town	(Street and Number or , State)	Rural Route Number,
De. CERTIFIER	CIAN: To the beat of my kno						ause(s) and manner as stated.
(Check only					IMBED	29d, DATE S	IGNED (Month, Day, Year)
(Check only	Q Cri	427-4	1-1	29c. LICENSE NU	27 07-	- 6	2/2/10/
(Check only one) 2 MEDICAL EXAMINER	R. Cr	DEATH (ITEM 27) (Type, Pr	rint)	\$ 30	0355	<b>)</b> 9	7/26/91
(Check only one) 2 MEDICAL EXAMINER  BID. SIGNATURE AND TITLE OF CERTIFIER	R. Cr	Z M.S	rint)	Bo	0355	com	2 / 26 /91 2 Hospita

notified at

Pe

must

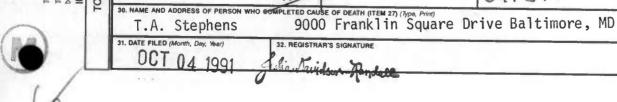
examiner

medical

2

afte	50	Ca
OULS	5	ned
24 n	fillec	9
Jin .	tely	1,
With	npie	Ven
uted	000	, a
SOBC	and	nati
20	cian	ane.
ate	hysi	1
rtific	Q Di	the
h ce	ndir	-
deat	atte	7
the	the the	를
hat	d by	my a
res	igne	20 00
equi	S LIS	Po
W.	De pe	3
he la	has	1 2 E
11.7	cate	He
CIA	ertifi	6
13S	is c	ed.
2 5	事件	ark
DIN	Afte	E .
TEN	TOR.	82
RAI	REC	E
0 7	0 0	5
PITA	ERAI	T: H
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 70 hours after death with the State Dark or Health and Mental Unique prior to hard	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
HE	HE	OR
101	101	¥.
,		_

27004 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH COX YEAR Clara October 3, 1991 6:35 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
Feb. 22, 1920 B. BIRTHPLACE (State or Foreign Country) 216-24-6874 1 M 2 F HOURS 71 YRS MAryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Md. BAltimore 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10o. CITIZEN OF WHAT COUNTRY? 2606 East Fairmount Ave. 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify White BY 1 TYES 2 NO Specify: 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 8th College (1-4 or 5+) Cleaning Apts. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Marvin Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Thomas J. Cox 1104 Oak Ave. Baltimore MAryland 20e. METHOD OF DISPOSITION
1 MBuriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE coroak TAWA Cemetery 10/5/91 4 ☐ Donetion 5 ☐ Other (Specify) BAltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 21221 23. PART i. Enter the disease shock, or heart (a , or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate lure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Daeth disesse or condition Colon Cancer resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 [X Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 T NO ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Netural 5 Pending Investigation м B 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as attack. 2 MEDICAL EXAMINER: On the basic of ex occured at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER D41399 BE 29d. DATE SIGNED (Morgh, Day, Year)



DHMH-16 Rev 1/89

10/3/

21237

9/

- 18 January 12 on a

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL HECORDS, P.O. BOX 13149,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nottlined at once.
---

0 4

1991

CE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

14 1 72 (101 M. ) 827

L. DEGISTBAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)				ICATE	-			2. DATE OF			3. 1	IME OF DEATH
	HOWARD	E. CHAN	BERS						1 O	3	Y	YEAR Q7	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 Y	EAR	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH 3-19			CE (State or Foreign
	215~28~3249 9e. FACILITY NAME (If not institution, give a		_ 79	ina.	9b. CITY, TO	MAN O	D I OCATI	ON OF DE		3-19.		TY OF DEATH	
œ	2410 KEYWORTH		(RES.	1				RE C			Sc. COON	IT OF DEAT	
0	RESIDENCE OF DECEDENT	TAPMOR	(100.	• /	DA.	11.	1.1.101	us (	111				
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	1			Y, TOWN OR I			CITY				-	. INSIDE CITY LIMITS? ] YES 2   ND
	10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CITIZ	EN OF WHAT	COUNTRY?
EH.	2410 KEYWORTH	AVENUE					21	1215				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. A I YES 2 1		If y	es, spe	cify Cubi		vIC ORIGIN? n, Puerto Ric y:		or No-	14. RACE — A Black, WI Specify:	American Indian, lite, etc. BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S 'Give kind of fe. Do NOT u	USUAL OCCI work done duri se retired.)	JPATIO ing mos	N it of world	ng	16b, K	IND OF BUS	INESS/INDU	JSTRY	
	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Mic	idle, Maiden	Surneme)		
	EARL NELSON						EI	IZA	BETH	CHAI	MBER:	S	
BE	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS (S	Stroot or							
5	MARY CHAMBERS			2410	KEY	WOI	RTH	AVE	NUE	BAL	TIMOI	RE, M	ID 21215
	MARY CHAMBERS  2410 KEYWORTH AVENUE BALTIMORE, MI  20a. METHOD OF DISPOSITION  1X Burlet 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)  KING MEMORIAL PARK  BALTIMORE, M												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207												
	Opent and De										Approximate interval Between Onset end Death		
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									years			
CERTIFICATION	if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in deeth) LAST	c. COU	O (OR AS A CONS	He HE	est est PF):	Di	il	ar	P		-		Jeans
L CER		d	deeth but not	t resulting	in the unde	erivino	CRUSA	alven in	Part I.	24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
	Ouronic sual failuse PERFORMED?								CO OF	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 P NO			
: MEDI		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATM-(Check only one)											
CIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL											
YSICIAN: MEDI	EXAMINER?	1 🗆 Inpatient 2			4 🗆 Nursin			lesidence					
3Y PHYSICIAN: MEDI	EXAMINER?  1	1 inpatient 2		28b. Til	4 🗆 Nursin	Bc. INJ WO	URY AT			(Specify) CRIBE HOW I	NJURY OCC	CURED	
BY	EXAMINER?  1	1 □ Inpatient 2  28e. DATE 0 (Month,)  28e. PLACE	FINJURY	28b. Til	4  Nursin ME OF 2 JURY M	8c. INJ WO	URY AT PRK? YES 2		28d. DESC 281. LOCA	RIBE HOW I	and Number	CURED or Rural Rout	e Number,
OMPLETED BY PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 ND  27. MANNED OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be defermined	28e. DATE O (Month,  28e. PLACE building	F INJURY Day, Year)  OF INJURY — At I, atc. (Specify)  of my knowledge,	home, farm,	4 Nursin ME OF JURY M street, factor	8c. INJ WO 1 \ \ y, office	PURY AT PRK? YES 2	NO NO	28d. DESC 281. LOCA City of	TION (Street in Town, State)	and Number	or Rural Rout	
BE COMPLETED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be defermined  29s. CERTIFIER (Check only 1 CERTIFYING PHYS	1 □ Inpetient 2  28e. DATE 0 (Month,  28e. PLACE building	F INJURY Day, Year)  OF INJURY — At I, atc. (Specify)  of my knowledge,	home, farm,	4 Nursin ME OF JURY M street, factor	8c. INJ WO 1 \ \ y, office	e end place	NO NO	28d. DESC 281. LOCA City or to the cause time, date a	TION (Street in Town, State)	and Number	or Rural Route ed. e cause(e) er	od manner as stated.

LINDEN

AVE

w

BACIMORE

Cliff- te

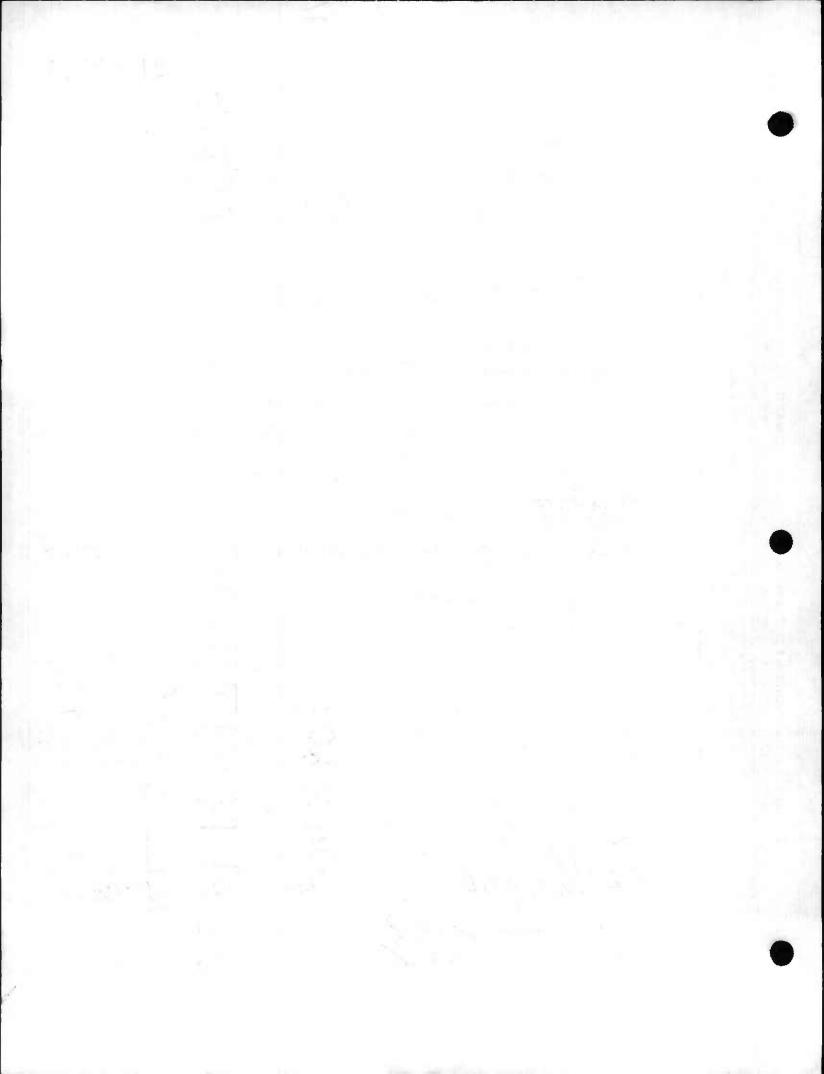
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIEN
CERTIFICATE OF DEATH	BEG NO

1. DECEDENT'S NAME (First, Middle,							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
MARY ANN	DONATI						1			991	5:45 A
4. SOCIAL SECURITY NUMBER 216-30-9555	5. SEX		yrs. lest birthday) YRS.	MONTHS D		IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) -1-193	34	Coun	HPLACE (State or Foreign http: ryland
90. FACILITY NAME (If not institution, 4113 Woodlea	Ave.				timo	LOCATION OF D	EATH	Ю	9c. COL	INTY OF	DEATH
RESIDENCE OF DECEDEN 10e. STATE 10b. C			10c. CIT	TY, TOWN OR I	LOCATIO	ON					10d. INSIDE CITY
Maryland			Ba:	ltimor	е						LIMITS?
10e. STREET AND NUMBER				100	101. Z	ZIP CODE			10g. CI	rizen of	WHAT COUNTRY?
4113 Woodlea A					2	21206			U	S.A	•
11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced		ENT EVER IN 1 YES WAR OR DAT	2 XNO	If yo		NDENT OF HISPA city Cuban, Mexic ≥ X NO Speci	an, Puerto		es or No	Blac	E — American Indian, ck, White, atc. city:
15. DECEDENT'S			16a. DECEDENT'S	S USUAL OCCL work done duri			16	b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or	5+)	Ille. Do NOT L	tor of [				St. Dan	inic S	Schoo	ol/Church
17. FATHER'S NAME (First, Middle, La	11)		-1.00			18. MOTHER'S N					
Joseph B. Pet			10.00			Mary E					
19a. INFORMANT'S NAME (Type/Print			- P. W. W. W. W.			d Number or Rural					
John H. Donat					-	Ave., B					
20a, METHOD OF DISPOSITION 1 (A Buriel 2 Cremetion 3 C			PLACE AND DATE emetary, cremator NOENS OF				-4+91		ocation - sedale		
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	00	ITUEIS UI			ADDRESS OF F		RO	seuare	, Mu.	
Roy H. Ca	ther										
23. PART I. Enter the disease abock, or heart fail IMMEDIATE CAUSE (Finel disease or condition	, or complicatione ti lure. List only one c	euse on es	ch line.	not enter th	ne mode	le of dying, su	ch as ca				Approximate Interval Betwo
23. PART I. Enter the disease abook, or heart fei immEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s, or complications tilure. List only one c	TO (OR AS A		not enter the company of the company	ne mode	le of dying, su	ch as ca				Approximate Interval Betw Onset and De
23. PART I. Enter the disease abock, or heart failmmeDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	TO (OR AS A	CONSEQUENCE (	not enter the cell of the cell	C 4	e of dying, eu	ch as can	24a, WAS	PIRATORY A	rrest,	Approximate interval Betwo Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	TO (OR AS A	CONSEQUENCE (	not enter the cell of the cell	C 4	e of dying, eu	ch as can	24a. WAS	PIRATORY A	rrest,	Interval Between Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE 1 c. OUE 1 d. Mallons contributing	TO (OR AS A	CONSEQUENCE (	OF): OF): OF):	C 4	e of dying, eu	n Part I.	24a. WAS: PERF 1 YES	PIRATORY A	rrest,	Approximate Interval Betwee Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart failmMEDIATE CAUSE (Finel disease or condition———————————————————————————————————	b. DUE 1  d. HOSPITAL: 1   Inpetient 2	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	CONSEQUENCE CONSEQ	OF):  OTHER: 4   Nursin	erlying	Cause given in	n Part I.	24a. WAS PERF 1 YES	NA AUTOPS'S ORMED?	rrest,	Approximate Interval Between Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart failmMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions, if any, leading in death) LAST	b. DUE 1 c. OUE 1 d. HOSPITAL: 1   Inputtent 2 28e. DATE (Month)	TO (OR AS A	CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( LIT NOT resulting	OTHER: 4   Nursin  ME OF   214  JUNY	26. PLA	Cause given in	n Part I.	24a. WAS. PERF 1 YES	NA AUTOPS'S ORMED?	rrest,	Approximate Interval Betwo Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE 1  c. OUE 1  d. HOSPITAL: 1   Inpetient 2  28e. DATE (Month)  ation of be   Due 10  26e. PLACE building	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	CONSEQUENCE CONSEQ	OFP:  OFP:  OFP:  OTHER: 4 Nursin ME OF NURY M	26. PLA	Cause given in the state of dying, sure cause given in the state of th	n Part I.	24a. WAS PERF 1 YES	NA AUTOPS'S ORMED? 2 00 V INJURY O	CCURED	Approximate interval Betwo Onset and De ICO MOS
23. PART I. Enter the disease abook, or heart fail immEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions. In the cause of the cau	b. DUE 1  d. OUE 1  d. HOSPITAL: 1   Inpatient 2  28e. DATE (Month building)	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	CONSEQUENCE CONSEQ	OTHER: 4   Nursin ME OF NJURY M , street, factory	26. PLA  26. PLA  1 YE  27. Office  1 YE  28. date a	Cause given in ACE OF DEATH (C) STATE STAT	n Part I.  Check only ( 28d. Di 28f. LC	24a. WAS PERF 1 YES ONE (Specify) CATION (Street or Town, Street AN AUTOPS'S ORMED? 2 400	CCURED	Approximate Interval Betwo Onset and De ICO MOS  No. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH 1 YES 2 NO	
23. PART I. Enter the disease abook, or heart fail immEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions. In the cause of the cau	b. DUE 1 c. OUE 1 d. HOSPITAL: 1 Inpettent 28e. DATE (Month buildings)  25e. PLACE (Month buildings)	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	CONSEQUENCE CONSEQ	OTHER: 4   Nursin ME OF NJURY M , street, factory	26. PLA  26. PLA  27. In the second of the s	Cause given in ACE OF DEATH (C) STATE STAT	n Part I.	24a. WAS PERF 1 YES ONE (Specify) CATION (Street or Town, Street NAUTOPS: OFMED? 2 100 V INJURY O	CCURED to or Pure teted.	Approximate Interval Betwo Onset and De ICO MOS  No. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH 1 YES 2 NO	
23. PART I. Enter the disease abook, or heart fail immEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions, if any, leading in death) LAST  25. WAS CASE REFERRED TO MEDIEEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investig a Suicide 6 Could of disease.	b. DUE 1 c. OUE 1 d. HOSPITAL: 1 Inpettent 28e. DATE (Month buildings)  25e. PLACE (Month buildings)	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	CONSEQUENCE CONSEQ	OTHER: 4   Nursin ME OF NJURY M , street, factory	26. PLA  26. PLA  27. In the second of the s	Cause given in ACE OF DEATH (C. S. ARe aldence DRY AT AK? 2 NO	n Part I.  Check only 28d. Do	24a. WAS PERF 1 YES ONE (Specify) CATION (Street or Town, Street NAUTOPS: OFMED? 2 100 V INJURY O	CCURED for or Rura the cause	Approximate interval Betwo Onset and De ICO MOS  Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
23. PART I. Enter the disease abook, or heart fail immEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions, if any, leading in death) LAST  25. WAS CASE REFERRED TO MEDIEEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investig a Suicide 6 Could of disease.	b. DUE 1  c. OUE 1  d	TO (OR AS A TO (OR	CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( LITTORY TO CONS	OFF:  OFF:	26. PLA  26. PLA  27. In the second of the s	Cause given in the state of dying, sure acceptance of the state of the	n Part I.  Check only 28d. Do	24a. WAS PERF 1 YES ONE (Specify) CATION (Street or Town, Street NAUTOPS: OFMED? 2 100 V INJURY O	CCURED for or Rura the cause	Approximate interval Betwo Onset and De ICO MOS  No. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO.	

DHMH-18 Rev 1/89



	ed H	
Cian.	-trans	
physi	buna	
nding	s the	18
atte	use s	
pitar	od for	
e hos	etach	nce.
₹ #	200	ato
tained	should	tifled
be re	ge 5	e no
тау	or, pa	ust b
age 6	direct	er m
ath. F	uneral	amin
fter de	the fu	al ex
DUIS a	in by	nedic
24 hc	filled tion, c	the n
within	pletely	ent,
pann	d com	ic ev
е ехе	an and	umat
ate b	hysici:	r tra
certific	Jing p	othe
leath	aftend ntal H	7, 0
the	y the	Inju
s that	aith ar	any
equire	en sig	hows
WE	Dept.	23 s
N: The	State	Item
SICIA	certif	d, 0r
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hispitiat or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NOIN	R: Afte	Is m
ATTE	RECTO!	т 28
AL OR	AL DIF	f iter
TIASC	Thin 7	ME
는 도 도	HE FL	ORTA
101	P €	IMP

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MAR	IYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	21001				
	1. DECEDENT'S NAME (First, Middle, Last)		•	2. DATE OF DEATH	3. TIME OF DEATH				
	Luther Preston Dennis	-	£ 17 1/1/2	Octobe 1, 19	79/ 1410 M				
			UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	A DIPTUDI ADE (DI-LI - E - I				
	220-019166 1×120F	84 YRS.	WINS DAYS HOURS MIN.	(Month, Day, Year) Sept. 23,190	of Maryland				
OR	PENINSULA GENERAL HOSPTIAL  9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPTIAL  9b. CITY, TOWN OR LOCATION OF DEATH WICOMICO								
رظ	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY								
DIRECTOR	Md Worcester		OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	Berl	10f, ZIP CODE		1 TES 2 NO				
RA	10433 Georgetown Road		21811	10g. US	CITIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED		NIC ORIGIN? (Specify Yea or No-					
BY F	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR C	ES 2 NO	If yes, specify Cuban, Maxic 1 YES 2 XNO Spec	an, Puerto Rican, etc.)	Black, White, etc.  Specify: White				
ED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BUSINESS.					
E I	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of work life, Do NOT use re	done during most of wadding	TOD. KIND OF BUSINESS	MINOSTRY				
APL	6	Carpenter	& Farmer	Carpenter	& Farmer				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S N	AME (First, Middle, Maiden Sumam					
BE (	Eugene M. Dennis		Glenni	e Holloway					
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural		Zip Code)				
	Clara Smack Dennis	10433 (	Georgetown Ro	ad, Berlin, M	d. 21811				
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF D competery, crematory or other EVERGREEN	nlacel	DATE 20c. LOCATION 10/5/9 Berlin	— City or Town, Stata				
	21. SIGNATURE OF TUNENAL SERVICE LICENSEE	aver green	22. NAME AND ADDRESS OF F	CILITY					
	M. Sut Butalo		Burbage Fun	eral Home, 10	8 Williams Street				
	23. PART I. Enter the diseases, or complications that can	lead the death. Do not	Berlin, Md.	21811					
NC	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions	AS A CONSEQUENCE OF:	107	arctin Diseuse	erreat, Approximete interval Between Onaet and Death				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions contributing to deed  - Core pro vascular  - Chronic Renal		29 % Negho	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
Ž I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (CI	neck only one)					
YSI	1 YES 2 NO 1 Inpetiant 2 ER/		HER: Nursing Homa 5 Residence	6 Other (Specify)					
ву Рн	27. MANNER OF DEATH  1 Neturel 5 Pending (Month, Day, Ye. 2 Accident Investigation	RY 28b. TIME OF		26d. DEŞCRIBE HOW INJURY	OCCURED				
		URY — At home, farm, stree Specify)		281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my king one)  2 MEDICAL EXAMINER: On the beat of examiner	nowledge, death occurred at	the time, data and place, and due my opinion, death occured at the	to the cause(a) and manner as a	stated.				
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Man 4	29c. LICENSE NUI		ATE SIGNED (Month, Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print	D P.		1.0/ 110-10				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE	11 / Well se	a ou N	Jany 7112180/				
	067 0 4 1991 Julia Varia	dans Rendelle							

	FOR 1 - STATE	STATE OF MARYLAND / DEPARTMENT (	OF HEALTH AND MENTAL HYGIEN	91 27008
	REGISTRAR	CERTIFICATE	OF DEATH REG. NO.	
		AVENPORT	2. DATE OF CEATH MONTH DA	y year 3. TIME OF DEATH 91 55 49 A. N
	4. SOCIAL SECURITY NUMBER  232-38-1347	TIE M 2 L F GZ YRS.	MYS HOURS MIN. (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) W. V. R. GINA
CTOR	9a. FACILITY NAME (If not institution, give CHURCH ITOS: RESIDENCE OF DECEDENT	STAL CORPORATION 96. CITY, TO	BALTIMORE CITY	9c. COUNTY OF DEATH
DIREC	10a. STATE 10b. COUN	TY 10c. CITY, TOWN OR I	LOCATION CITY	10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER	Aug. ST	10f. ZIP CODE /	10g. CITIZEN OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Vidowed 4 Divorced	FORCES? 1 YES 2 NO NY	S OECENDENT OF HISPANIC ORIGIN? (Specify Yeas, specify Cuban, Maxican, Puerto Rican, etc.)  YES 2 NO Specify:	Black, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	(Give kind of work done duri		white siness/industry
COMPLET	Elementary/Secondary (0-12)  9  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) Painte		ting
BE	William -	DAVENPORT	18. MOTHER'S NAME (First, Middle, Maiden  INCZ — W  treet and Number or Rural Route Number, City or Town	orthington
2	- A	IVENPORT 224 S. A.	NN St. BAlter, 1	74 21231
	1 M Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	B	ON (Name of OATE 200. LOT A 11: MCM C MATE 1007 B)	altimene, Md
	· Mark	a. Chopnoike Cl	105 NACK: F.11. 18	100 E. Lembard ST.
	IMMEDIATE CAUSE (Final	complications that caused the death. Do not enter the List only one cause on each line.		ratory arreat, Approximats interval Batween Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	arrest-	
CATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Cer cellatory  DUE TO (OR AS A CONSEQUENCE OF):	Carrapse	
BRTIFI	CAUSE (Diseasa or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):	you takuse	
EDICAL CI	PART II. Other significant condition	ns contributing to death but not resulting in the under	riying cause givan in Part i. 24a. WAS AN PERFOR	MED? AVAILABLE PRIOR TO
Σ			1 TYES 2	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: OTHER:	26. PLACE OF DEATH (Check only one)	
ĕ   ×	27. MANNER OF OEATH	28s. DATE OF INJURY 28b. TIME OF 28	Home 5 Rasidenca 6 Other (Specify)  c. INJURY AT 28d. OESCRIBE HOW IF	JURY OCCUREO
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY At home, term, street, factory,	WORK?	nd Number or Rural Route Number.
2 2	4 Homicide determined	building, atc. (Specify)	City or Town, State)	
COMPLE	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.			
IMPORIANE II ITEM	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (Month, Dey, Year)  10/3/9/  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			
	DR. RIAZ	BOKHARI, M.D. 10	HURCH HOSPITA	Y BALTIMORE
	31. DATE FILED (Month, Day, Year) 001 04 1991	Funa Jayan-Amasa		2123 1 Md

